Heartland Health Region

Annual Report to the Minister of Health

For the 2009-10 Fiscal Year Ended March 31, 2010

Quality at work In pursuit of excellence

Heartland Health Region

OUR VISION

Building a region of healthy people & healthy communities

OUR VALUES

- **I**ntegrity and Honesty
- **C**ourage
- **A**ccountable to the people we serve
- **R**espect
- **E**mpathy/Compassion
- **F**iscal Responsibility
- **A**bundance
- **Q**uality

OUR STRATEGIC DIRECTIONS

- Building a Culture of Safety
- Making On-going Communication a Priority
- Supporting and Developing Human Resources
- Establishing Quality Performance and Expectations
- Developing Primary Health Care Services across the Region

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Letter of Transmittal

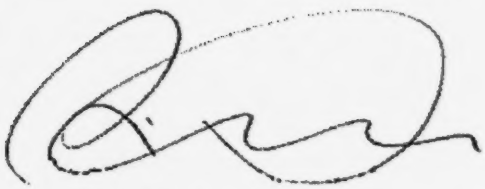
To: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris;

The Heartland Health Region (HHR) is pleased to provide you and the residents of the health region with the 2009-10 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2010.

The Heartland Health Region had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of employees and the medical staff of the Heartland region, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,



Richard Anderson
Chairperson

Table 1: Statistical Data for 2009 – The Year at a Glance

Hospitals	2009	2008
Acute Care Inpatient Separations	3,469	3,547
Births	152	150
Surgical Cases (OR & Day Surgery in OR)	1,151	1,169
Hospital Emergency Room Visits	28,110	24,337
Hospital Ambulatory - Scheduled Visits - General Medicine	12,200	10,483
Specialty	2,120	2,061
Laboratory Tests	382,490	397,077
X-ray Exams	23,944	24,847
Ultrasound Exams	2,399	2,623
Ambulance Calls	3,330	3,147
Continuing Care	**2009**	**2008**
Long-Term Care Separations	233	236
Temporary Care Separations (Respite)	483	388
Community Services	**2009**	**2008**
Physiotherapy Occupational Therapy Visits	9,622	10,915
Speech & Language Pathology Visits	416	455
Dietitian Visits	2,167	2,265
Diabetes Nurse Educator Visits	1,158	1,105
Podiatry Visits	1,539	1,232
Telehealth Clinics and Education Sessions	602	403

Who We Are

The Heartland Regional Health Authority (HRHA), also known as the Heartland Health Region (HHR) is responsible to deliver health care services to citizens living within its borders. On April 1, 2007, the Authority implemented a three year Strategic Plan that had been developed with information collected from the board, staff and public stakeholders. At the same time, the HRHA revised its vision; affirmed three existing and adopted five new values; and prioritized five Strategic Directions, each with a number of objectives. The Strategic Plan has guided the region's work over the last three years. The Strategic Directions outlined in the plan provide direction for the Authority's decision making about resource allocation and delivery of HRHA program and service priorities. A new strategic plan will be presented to the Board Authority in April of 2010 and the new strategic plan will lay the groundwork for the next five years.

Heartland Vision

Building a region of healthy people and healthy communities.

Heartland Values

- Quality
- Fiscal responsibility
- Being accountable to the people we serve
- Courage
- Integrity/Honesty
- Empathy/Compassion
- Respect
- Abundance

In its 2007-2010 Strategic Plan, Heartland Regional Health Authority adopted five goals and objectives as found in the table below.

Developing Primary Health Care Services across the Region	P1: Develop Primary Care Service Areas and the Teams within, ensuring appropriate resource distribution P2: Strengthen our commitment to Chronic Disease Management and Healthy Living. Maintain and develop appropriate secondary services to complement Primary Health Care services P3: Provide the right service by the right person in the right place at the right time P4: Actively explore and/ or create alternate service delivery models P5: Develop strategies to address: Mental Health Wellbeing; Accessible Nutritious Foods; Decreased Substance Use and Abuse; and Active Communities
Establishing Quality Performance and Expectations	Q1: Commit to Quality of Life for long term care residents Q2: Increase the use of evidence and Best Practices in decision-making Q3: Enhance data systems Q4: Make Continuous Quality Improvement the organizational culture Q5: Develop and implement a sustainable infrastructure plan for all facilities

Making On-going Communications a Priority	C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C2: Actively seek out partnerships with communities, agencies, government and the private sector C3: Increase awareness of a shared responsibility for health, reasonable expectations and appropriate utilization of health care resources C4: Develop navigational tools and processes to ensure easy access to service
Building a Culture of Safety	S1: Develop and support the Safety Culture S2: Develop strategies to reduce injury S3: Ensure that HRHA workplace environments are safe and healthy
Supporting and Developing Human Resources	HR1: Continue to work at becoming the "Employer of Choice" HR2:: Ensure provision of required education and actively seek placement opportunities for health career students HR3: Improve the retention and recruitment of health care personnel HR4: Create a culture that promotes healthy employees in healthy workplaces HR5: Promote informed personal health choices HR6: Develop leaders, and establish collaborative leadership structures and processes (build teams)

Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values (summarized above).

The Heartland RHA places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources and the context of the day. The Ethics Advisory Committee provides the Regional Health Authority greater focus in sorting through ethical issues, and encourages participation in initiatives to advance the understanding of ethical principles (i.e. Ethics presentations via Telehealth from Saskatoon by a variety of ethicists). Heartland continues to offer an Ethics Consultation service that is available to all patients and clients of the region, and to staff. The region has contracted the services of the Saskatoon Health Region Ethics Consultant.

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Human Resources, Corporate Services, Quality Services and Primary Health Services. The Senior Medical Manager is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHA's and ensuring the

provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the province. It articulates the organizational program, service and funding expectations of regional health authorities.

Saskatchewan Association of Health Organizations (SAHO)
SAHO is a non-profit, non-governmental association of health agencies in Saskatchewan that provides leadership, advocacy, support and programs for its members. Its membership includes all regional health authorities and associations providing health care services. SAHO provides support and education for boards and administrators; professional development and workplace health and safety education and training; human resources, employee relations, and collective bargaining services; payroll and benefit services; and communications and materials management support.

Other Partnerships
The Saskatoon Health Region is another important regional partner. With no tertiary hospital, inpatient psychiatric or addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met.

Other Health Region partnerships include Prairie North Health Region with whom we partnered for ultrasound services in the communities of Rosetown, Biggar and Unity. The region worked together with the Cypress Hills Health Region in order to provide Nurse Practitioner services in the community of Eatonia.

Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants include the R.C.M.P., Sun West School Division, the Rivers West District for Sport, Culture and Recreation, Great Plains Regional College, Ministry of Social Services and Ministry of Learning. Together, members of the RIC work to address the key determinants of health in Heartland's communities through funding that is provided to the RIC through various sources.

Community Advisory Networks
Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC)) to successfully resolve issues related to equipment requirements, service levels and resident concerns).

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee
- Liaising with local Health Foundations
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees

- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups

Health Care Organizations

Health & Community Foundations
Health foundations and community donors play an important role in supplementing provincial funding, to ensure that we have up to date equipment to provide quality health care to the residents of Heartland Health Region. In 2009-2010, we purchased approximately $2,000,000 in Capital Equipment and invested $2,400,000 in necessary upgrades to our facilities.

In the 2009-2010 fiscal year, foundations contributed $263,871 and donations from individuals and bequests contributed $241,561 to our Capital Equipment. This money was used to purchase items for our surgical, Emergency Medical Systems (EMS) and other programs.

The region continued to upgrade the Diagnostic Imaging Equipment with funds from the Ministry of Health and from assistance from foundations. The installation of Diagnostic Imaging Equipment in Eston was completed and now work has begun on the Rosetown project. The region continues to upgrade X-ray processors and fundraise for digital technology in the communities of Biggar and Unity. Work is expected to begin on these projects in the future.

The region was able to purchase non-clinical items such as laundry, maintenance, and dietary equipment. Foundations and Donations play an important role in allowing the region to upgrade and replace necessary equipment in these areas.

Approximately seventeen community Foundations and Advisory Groups exist within the boundaries of Heartland Health Region. Donations may also be made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchases.

BridgePoint Center Inc., Milden
Heartland is proud to be home to this provincial program that offers intensive residential program services for adults and youths, as well as their families, who are struggling with eating disorders.

BridgePoint Center is located in the Village of Milden, in the former Milden Hospital. An independent Board of Directors governs it. Along with the Ministry of Health, the RHA has maintained a strong relationship with the BridgePoint Board of Directors through its liaison member from the Heartland Health Region.

Ministry of Health funding for this program flows through the RHA. Heartland is pleased to support the innovative program services provided at the BridgePoint Center by its dedicated team, and its governing Board of Directors.

Canadian Mental Health Association, Kindersley
The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with RHA and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin
St. Joseph's Health Centre in Macklin operates as the HRHA's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

St. Joseph's offers out-patient treatment; emergency stabilization; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the RHA in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Governance and Transparency

Heartland Regional Health Authority has completed its eighth year of operation. A twelve member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. The Minister of Health appointed the Board members in February 2009. They include Chairperson Richard Anderson, Vice Chairperson Lorreen Ilott, Gary Allan, Hazel Lorenz, M.L. Whittles, Loretta Goring, George Siemens, Gary Groves, Lyle Rankin, William (Bill) Sittler, Richard MacDougall and Lyle Leys.

Figure 1: HRHA Board
Back Row (L-R): Hazel Lorenz; Gary Allan; Richard Anderson, Chair; Middle Row (L-R) M.L. Whittles; Lorreen Illott, Vice-Chair; Lyle Leys, Loretta Goring
Front Row (L-R): George Siemens; Gary Groves; Lyle Rankin.
Missing: top Richard MacDougall, bottom Bill Sittler

Policy Governance
The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships among the Authority, regional stakeholders and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process.

Roles and Responsibilities
As defined by the Ministry of Health's *Roles and Expectations Document,* the RHA must meet expectations in six (6) key areas: Strategic Planning; Fiscal Management and Reporting; Relationships; Quality Management; Monitoring, Evaluation and Reporting; and Management and Performance. The annual Accountability Document provided by Ministry of Health also identifies specific program and service expectations for the health region.

The President/CEO reported directly to the RHA about general and daily operations of the health region. The Senior Leadership Team, comprising four vice-presidents, the Director of Environmental Services/Risk Management, the Senior Medical Officer and the President/CEO, met frequently and were responsible for planning, integrating and delivering health services throughout the region.

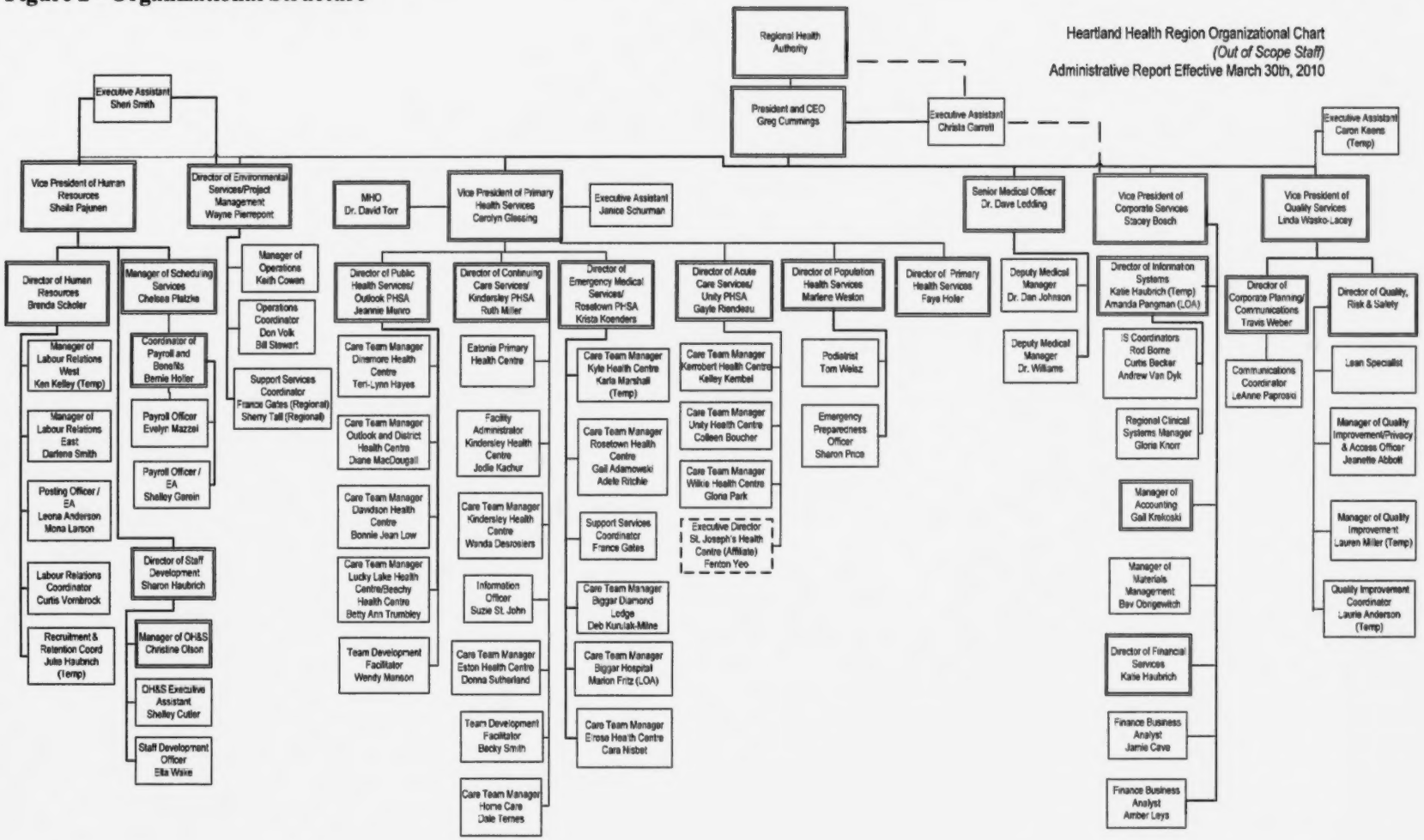
The Regional Operational Planning Team (OPT) comprised of key Out Of Scope managers and leaders, met regularly to access an organizational cross section of expertise that ensured broad-based input into decision making, action plan achievement and performance monitoring.

Commitment to Public Transparency
Heartland shared critical information to help the public understand issues affecting the delivery of health services and programs in the region. Monthly meetings of the Authority are open to the public, and local media regularly attended and reported on decisions and discussion. A media release issued following each regular Authority meeting highlighted discussions, decisions and presentations. The region also published all public documents, as well as various regional documents on its corporate website.

Did You Know?
On a yearly basis, Heartland Health Region:

- Admits more than 3,400 acute care patients to hospital;
- Provides more than 1,150 surgeries, including diagnostic procedures;
- Has more than 40,000 ambulatory care and out-patient visits;
- Responds to more than 3,300 emergency medical service calls (EMS);
- Conducts more than 380,000 laboratory and 24,000 X-Ray tests;
- Provides more than 4,500 doses of influenza vaccine to populations over age 65;
- Provides service to more than 1,900 home care clients;
- Provides residential care to more than 488 residents in long term care;
- Serves people in four designated primary health sites across four primary health services areas.

Figure 2 - Organizational Structure


Heartland Health Region Organizational Chart
(Out of Scope Staff)
Administrative Report Effective March 30th, 2010
Regional Health Authority
President and CEO Greg Cummings
Executive Assistant Christa Carreti
Executive Assistant Sheri Smith
Executive Assistant Caron Kearns (Temp)
Vice President of Human Resources Sheila Pajunen
Director of Environmental Services/Project Management Wayne Pierreport
MHO Dr. David Torr
Vice President of Primary Health Services Carolyn Glassing
Executive Assistant Janice Schurman
Senior Medical Officer Dr. Dave Ledding
Vice President of Corporate Services Stacey Bosch
Vice President of Quality Services Linda Wasko-Lacey
Director of Human Resources Brenda Scholer
Manager of Scheduling Services Chelsea Platzke
Manager of Operations Keith Cowan
Operations Coordinator Don Volk Bill Stewart
Support Services Coordinator France Gates (Regional) Sherry Tait (Regional)
Director of Public Health Services/ Outlook PHSA Jeannie Munro
Director of Continuing Care Services/ Kindersley PHSA Ruth Miller
Director of Emergency Medical Services/ Rosetown PHSA Krista Koenders
Director of Acute Care Services/ Unity PHSA Gayle Riendeau
Director of Population Health Services Marlene Weston
Director of Primary Health Services Faye Holer
Deputy Medical Manager Dr. Dan Johnson
Deputy Medical Manager Dr. Williams
Director of Information Systems Katie Haubrich (Temp) Amanda Pangman (LOA)
Director of Corporate Planning/ Communications Travis Weber
Director of Quality, Risk & Safety
Manager of Labour Relations West Ken Kelley (Temp)
Manager of Labour Relations East Darlene Smith
Posting Officer / EA Leona Anderson Mona Larson
Labour Relations Coordinator Curtis Vornbrock
Recruitment & Retention Coord Jute Haubrich (Temp)
Coordinator of Payroll and Benefits Bernie Holler
Payroll Officer Evelyn Mazzei
Payroll Officer / EA Shelley Gerein
Director of Staff Development Sharon Haubrich
Manager of OH&S Christine Olson
OH&S Executive Assistant Shelley Cutler
Staff Development Officer Etta Wake
Care Team Manager Dinsmore Health Centre Teri-Lynn Hayes
Care Team Manager Outlook and District Health Centre Diane MacDougall
Care Team Manager Davidson Health Centre Bonnie Jean Low
Care Team Manager Lucky Lake Health Centre/Beechy Health Centre Betty Ann Trumbley
Team Development Facilitator Wendy Manson
Eatonia Primary Health Centre
Facility Administrator Kindersley Health Centre Jodie Kachur
Care Team Manager Kindersley Health Centre Wanda Desrosiers
Information Officer Suzie St. John
Care Team Manager Elston Health Centre Donna Sutherland
Team Development Facilitator Becky Smith
Care Team Manager Home Care Dale Ternes
Care Team Manager Kyle Health Centre Karla Marshall (Temp)
Care Team Manager Rosetown Health Centre Gail Adamowski Adele Ritchie
Support Services Coordinator France Gates
Care Team Manager Biggar Diamond Ledge Deb Kurulak-Milne
Care Team Manager Biggar Hospital Marion Fritz (LOA)
Care Team Manager Elrose Health Centre Cara Nisbet
Care Team Manager Kerrobert Health Centre Kelley Kembel
Care Team Manager Unity Health Centre Colleen Boucher
Care Team Manager Wilkie Health Centre Gloria Park
Executive Director St. Joseph's Health Centre (Affiliate) Fenton Yeo
Podiatrist Tom Welsz
Emergency Preparedness Officer Sharon Price
IS Coordinators Rod Borne Curtis Becker Andrew Van Dyk
Regional Clinical Systems Manager Gloria Knorr
Manager of Accounting Gail Krekoski
Manager of Materials Management Bev Obrigewitch
Director of Financial Services Katie Haubrich
Finance Business Analyst Jamie Cave
Finance Business Analyst Amber Leys
Communications Coordinator LeAnne Paproski
Lean Specialist
Manager of Quality Improvement/Privacy & Access Officer Jeanette Abbott
Manager of Quality Improvement Lauren Miller (Temp)
Quality Improvement Coordinator Laurie Anderson (Temp)

Programs and Services

Hospital/Acute Care
Acute care services in Heartland are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Saskatchewan Health. The region's seven hospitals provided 82 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 2 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care
Heartland and its affiliate provide Institutional Supportive Care (Long Term Care) services with 488 beds in facilities and one affiliate located in fourteen communities (See Table 2). Requests for placement in Long Term Care facilities are prioritized based on need. Heartland's facilities offer an additional 62 program beds that provide respite, palliative, convalescent and observation programs.

Emergency Medical Services (EMS)
The Heartland Health Region provides EMS services from seventeen locations. Sixteen of these sites operate a traditional EMS service and one site operates as an EMS Rover service. Of these seventeen sites, fifteen are region owned and operated. Beechy-Demaine and Elrose are the contracted services.

There are 28 EMS vehicles in use throughout the region. In 2009-2010 Heartland Health Region EMS services responded to a total of 3,330 EMS calls. Low call volumes in several sites, significant increases to standby/on call rates and recruitment difficulties continued to challenge the region's ability to effectively manage costs while providing quality care.

Home Care Services
Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provides short-term acute care services on an as-needed basis. Home care gave services to 1,958 clients in the 2009-10 year. There were 39,354 meals supplied to 356 clients during this fiscal period.

Community Services
The region continued to provide a wide range of programs to residents, including adult, child and youth counselling and psychiatric rehabilitation; addictions recovery and treatment services; public health nursing; public health inspection; public health nutrition and community dietician services; population health coordination; dental health education; speech/language pathology; occupational and physical therapy; and podiatry.

Primary Health Care Services

Heartland Health Region views the Primary Health Care (PHC) model, a holistic way of responding to the health needs of area residents, as the way of the future in providing health care and services and promoting wellness. Teams will be client-centred, and service delivery will be integrated. The initiative is expected to reduce travel time for health professionals, making more hours available to provide direct service to clients. Over time, Heartland will be able to better align teams and resources to meet the identified health care needs of Heartland citizens, thus using limited human and financial resources more sustainably.

Research from the Canadian Institute for Advanced Research indicates that 75% of the health status of Canadians is affected by factors outside the health system. For this reason, the region continues to focus on building effective, coordinated and comprehensive community-based strategies to address those factors. The region has strengthened its role in encouraging and supporting individuals to take greater personal responsibility for their health by making healthy lifestyle choices, and treating individuals who are sick or in failing health.

* * * *

For more information about the region's progress in any of the areas listed above, please refer to the discussion located in the section titled *2009-10 Results at a Glance* beginning on page 18 of this report.

Table 2: Summary of Acute, Long Term Care and Program Beds in the Region

Facility	Program Offered	Acute	Long Term Care	Program*	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley Health Centre	Acute, Program	21	0	5	26
	LTC	0	78	2	80
Total District Hospitals		21	78	7	106
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Health Centre	Acute, Program	10	12	2	24
	LTC	0	23	3	26
Outlook Union Hospital	Acute,LTC, Program	10	42	6	58
Rosetown & District Health Centre	Acute Program	16	0	5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	32	3	45
Total Community Hospitals		61	139	27	227
Sub Total District/Community Hospitals		**82**	**217**	**34**	**333**
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program (except) Stabilization (16 hrs/day)	0	18	3	21
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	(LTC, Program (except observation & stabilization) (12 hrs per day)	0	30	3	33
Eston Health Centre		0	32	4	36
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	17	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	17	3	20
Wilkie Health Centre	LTC, Program	0	29	5	34
Health Centres Subtotal		**0**	**143**	**21**	**164**
Special Care Homes					
Diamond Lodge	LTC, Respite	0	59	1	60
Rosetown Nursing Wing	LTC	0	21	0	21
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
Special Care Home Subtotal		**0**	**106**	**3**	**109**
Total HHR Beds		**82**	**466**	**58**	**606**
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total		**82**	**488**	**62**	**632**

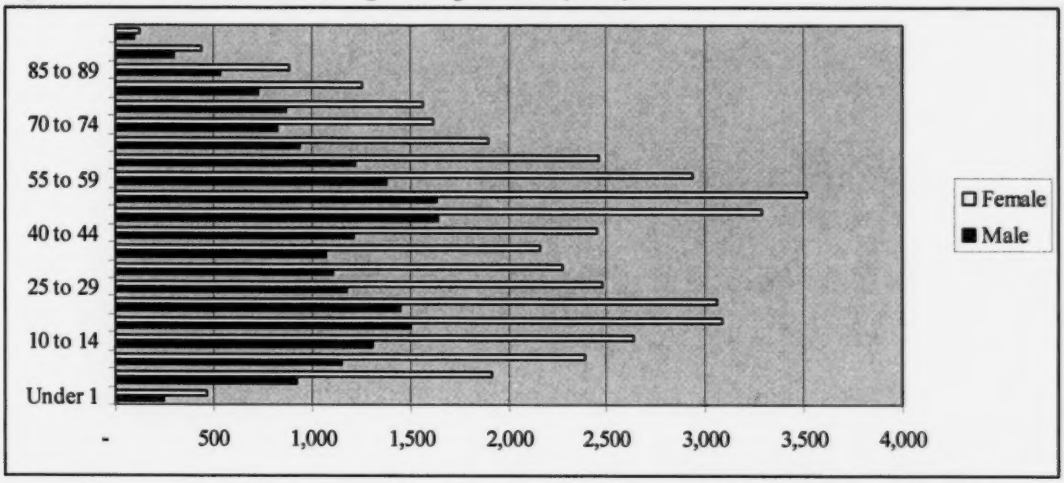
***Program Beds include respite, convalescent, palliative and observation**

Our Region

The Heartland Health Region is located in west central Saskatchewan. It covers some 41,770 square kilometres of land, and has 42,926 residents. (Source: Ministry of Health. Covered Population 2009) Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 19 Hutterite Colonies. Somewhat atypical for Saskatchewan health regions, Heartland has no First Nation communities within its borders. There is one Métis community in the region (Cando). A relatively low number of residents identify as Aboriginal (n ~650). The region's largest urban centre is Kindersley, with a population of 4,894. Other major centres include Rosetown (2,656); Unity (2,487); Biggar (2,468); and Outlook (2,476).

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may affect the health of a portion of Heartland's population by contributing to social isolation and creating challenges regarding access to services.

Figure 3: Heartland Health Region Population (2009)



Source: Ministry of Health. Covered Population 2009

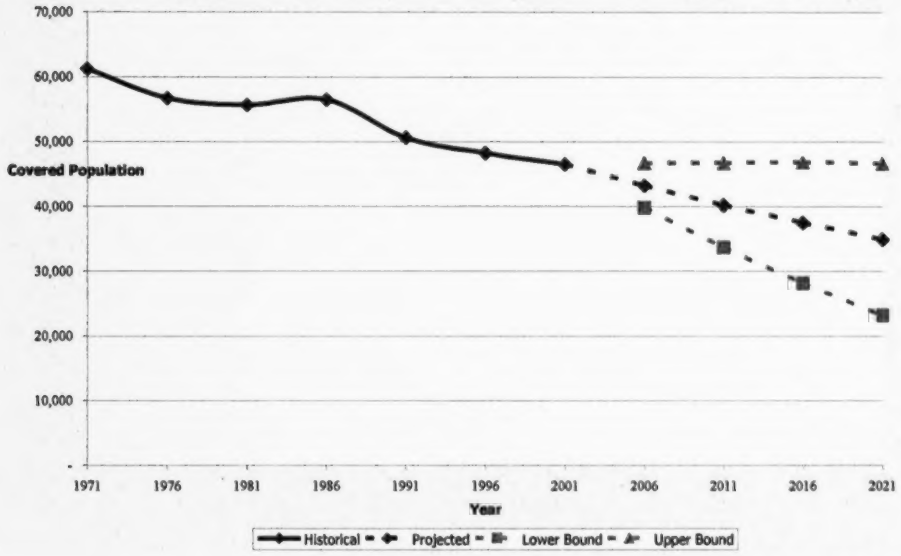
In 2009, Heartland's population was closely divided between males and females with 21,605 males (50.3%) and 21,320 females (49.7%). Some 18% of the region's population is 65 years of age or over, compared to the 14.5% in the province as a whole. Figure 3 provides a further breakdown of Heartland's 2009 population by age and sex.

According to Statistics Canada data, Heartland's population declined approximately 8% (from 46,542 to 42,657 people) between 2001 and 2006. Population projections conducted in 2006 by Ministry of Health predict that this trend is expected to continue for

Heartland, and indeed, for all of Saskatchewan's southern, rural health regions. If ministry projections are accurate, Heartland's population for 2011 could be in the range of 40,249 (with projections as low as 33,722) and 34,927 by 2021 (see Figure 3). Population growth rates are affected by a variety of factors, including migration and changing fertility rates (e.g., a trend toward smaller families, fewer women of child bearing years living in an area, etc).

However, in the last few years, Saskatchewan experienced the fastest population growth among all provinces, due both to international immigration and inflow from neighbouring provinces. Statistics Canada estimates indicate that the population of Saskatchewan in the last quarter of 2007 increased by 3,300 to 1,006,600 residents, an increase of 0.33%. Future data will inform whether this trend continues, and identify the areas of the province to which new residents are moving. This trend may significantly affect future service requirements in Heartland Health Region.

Figure 4: Historical and Projected Population for Heartland Health Region, 1971 to 2021.



Source: Ministry of Health. Population Projections 2006 to 2021

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the "Baby Boomers". Within our health status information we have also identified significant trends which are of a particular relevance to that age group (Diabetes, Blood Pressure, Weight, Chronic Obstructive Pulmonary Disease, etc). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious

implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

As our population ages and increases we expect increased demand for health services (amid limited supply). This challenges us to be innovative and prudent in exposing efficiencies and realizing cost containment.

We are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. We will work to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, we can anticipate change and consistently put the clients' needs and wishes first in planning for it.

In assessing current health status in the region, there are important considerations for the future:

- Approximately half the population is over the age of 40, with the largest segment being the "baby boomers" aged 45-60. In contrast, approximately 25% of the population is under the age of 20;
- Incidence of Diabetes (1 in 10), High Blood Pressure (1 in 5), and Obesity (1 in 3);
- Healthy eating and regular exercise are below the provincial average;
- On average, 7% of all acute care inpatient admissions are related to Chronic Obstructive Pulmonary Disease (COPD);
- Each month, approximately 12% of our long term care residents suffer from a fall;
- Substance abuse and addictions are of particular concern, with an estimated 10-15% of the overall population abusing substances at any point in time;
- Population base is projected to shrink somewhat within the planning period (approximately 0.5% per annum).

For aging 'boomers', improvement in or prevention of functional disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and
- Less dependence on the health system.

For youth, risk behaviour is the perennial cause of most problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue.

For our elder population, health is most often complicated due to falls, thus fall prevention as well as support with chronic conditions are two key priorities that we will put more focus in the future.

2009-2010 Results at a Glance
Major Initiatives and Accomplishments

This section briefly highlights the significant events and accomplishments that the health region has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to the health region's goals, as well as a financial summary.

Developing Primary Health Care Services across the Region

- Last year the Region developed a "Blueprint" of existing and preferred future services. This Blueprint is available and is updated on an ongoing basis.
- The Outlook Primary Health Service area was provided dedicated resourcing for Exercise Therapy and this has been extended as half of a full time equivalent (FTE) staff position for another year. There are now well-established and attended cardiac rehab groups in Outlook, Lucky Lake, and Beechy. This year the group will also be expanding to include a Chronic Obstructive Pulmonary Disorder rehabilitation portion.
- The Heart to Heart facilitator group has begun using remote teleconferencing via the Telehealth network, to deliver the six week rehabilitation program to people who have had some kind of a heart incident.
- The first Annual Healthy Lifestyles Fair was held in Rosetown.
- Chronic Disease Management and Healthy Living is still a priority in the region. There is now a steering committee and prevention working group in place to carry out the initiatives that will be included in the upcoming strategic plan for 2010-2015.
- 758 hours of Professional Education was provided to staff via Telehealth; including Provincial Rounds in Psychiatry, Cardiology, Geriatrics, Pediatrics, etc. This is an increase from last year.
- The region is piloting an electronic medical records system in three sites – Lucky Lake, Kyle and Beechy.
- The Team Development facilitators in the region have done much work with various departments and facilities.
- Strategies are developed and being implemented for Mental Health Wellbeing, Accessible Nutritious Foods, Decreased Substance Use and Abuse, and Active Communities.
- The region worked with school divisions in the region to develop food policies and nutrition education.
- The region worked with communities to develop food securities programs (e.g. community gardens, Kids in the Kitchen).
- The region developed a drug and alcohol strategy. A major output from that strategy is the Drug and Alcohol Awareness Wellness network.
- Assessment clinics for seniors were conducted by community therapists to help reduce the risk of falls.

Establishing Quality Performance and Expectations

- The region continued to participate in the Acute Care Patient Experience Survey. The region scored higher than the provincial average in many categories.
- Changes/improvements supported by evidence or best practise were made to a variety of processes including Hand Washing, Medication Reconciliation, Medication Security, Stroke Bypass Protocols, Sepsis Protocols, Dangerous Abbreviations, Patient Identification, Canadian Triage Acuity Scale (CTAS), New Grad Mentorship, Digital Computed Radiography (CR), H1N1 Response, Staff Scheduling, and the Information Technology Helpdesk.
- Planning continues on three major capital projects involving long term care facility replacement in the communities of Rosetown, Biggar and Kerrobert.
- The region responded to twelve provincial issue alerts and implemented required actions.
- A Quality and Safety Performance Reporting Document was developed.
- A "Measuring our Progress in Patient Safety and Quality" report was created to measure and monitor our progress on quality and safety initiatives.
- The concern handling pamphlet was revised to emphasize the importance of using the "Voice of the Customer" to make improvements in the system.

Making Ongoing Communications a Priority

- H1N1 pandemic influenza communications became a very important priority for the region. In order to get the right information out to the right people at the right time, many partnerships with the stakeholder groups needed to be strengthened. These important stakeholder groups included the Ministry of Health, businesses, school divisions, communities, West Central Municipal Government committee, physician groups, staff and the public.
- Staff and community consultations were conducted with respect to the development of the strategic plan for the region in the communities of Rosetown, Biggar, Kerrobert, Elrose, Kyle, Wilkie, Dinsmore, Davidson, Beechy, Lucky Lake, Eston, Unity, Eatonia, Kindersley, Macklin and Outlook.
- The region participated in the communications and release of the Drug and Alcohol Awareness Wellness Network (DAWN) Strategy in September 2009. The purpose of the group was to develop a regional drug and alcohol strategy based on information received at community consultations held in various communities around the region. Having a strategy in place allows for a better coordinated effort between organizations, within the health region, and with other groups.
- Senior Leadership has made an effort to have a consistent presence at regional staff and operational meetings.
- Board Authority meetings continue to be open to the public and media. The advertising of these meetings has been expanded to include the website and ads in the local papers across the health region.
- Efforts are made to work cooperatively and collaboratively with other health regions and the ministry.
- The health region met regularly and collaboratively with local media.
- Foundation Partnerships and Community Advisory Groups work together on Capital project planning.

Building a Culture of Safety

- A temporary Quality Improvement Coordinator was hired to support the Seniors Falls and Injury Prevention Reduction program in the region with Dinsmore Long Term Care Facility being selected as the Pilot facility to implement the Falls Strategy.
- Improvements have been made in the area of medication administration including storage, security, and inventory.
- The Pharmaceutical Information Program (PIP) was implemented in various areas of the region. PIP is a key tool used in the Medication Reconciliation process.
- Stroke bypass protocols were implemented in order to better respond to early warning signs and significantly impact the chances of survival and recovery.
- The Pandemic Plan for the region was developed and implemented during the H1N1 second wave of the H1N1 flu pandemic.
- Infection Control guidelines were developed and implemented in all facilities in response to the H1N1 pandemic.
- Hand hygiene education and awareness was heightened in the region.

Supporting and Developing Human Resources

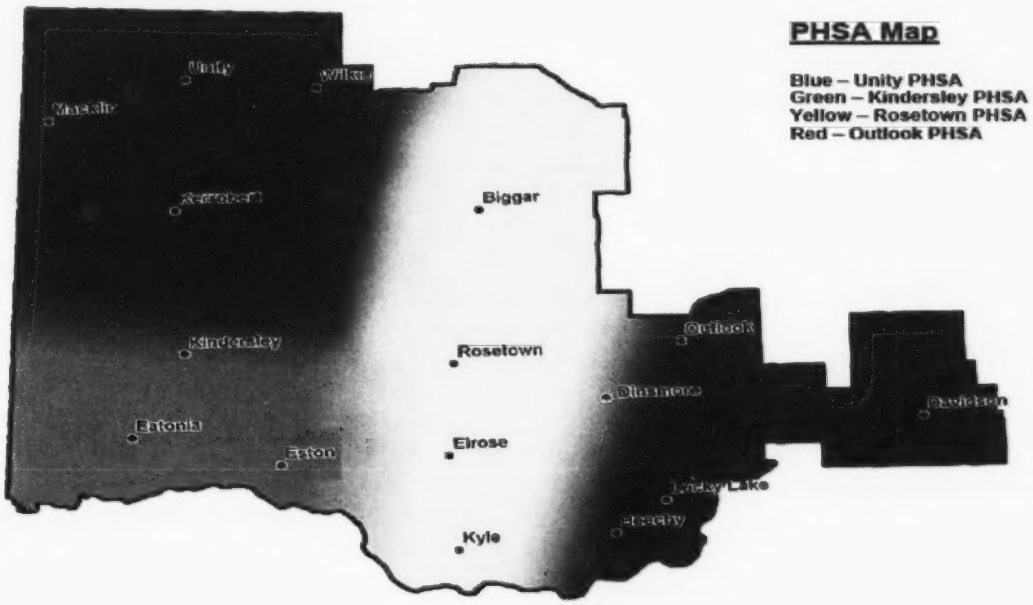
- Continued to offer the Regional Employee, Physician and Preceptor Recognition Program.
- Provincial Registered Nurse New Grad & Mentorship Programs implemented
- Continued Aboriginal Awareness training on aboriginal culture and traditions to support representative workforce retention. As of March 31, 2010, 1,254 employees, 70.2% of our workforce, have received training;
- Workplace Wellness grant uptake was 96% of available funds ($4,800 of $5,000)
- A nursing open house and tour was held in Biggar. The acute and long term care facilities were experiencing a nursing shortage and had permanent vacancies. By promoting Biggar facilities as a place to work and Biggar as a community to live, the new graduates from the nursing program had a chance to see what nursing in a rural setting was all about.
- The region took proactive action to address the shortage of Registered Nurse (RN) relief staffing and to provide permanent RN employment opportunities to maintain current health care service levels. At year end, eighteen permanent RN relief positions have been created and filled throughout the health region.
- Introduced a new full time Health Information Management Supervisor position at the Kindersley Health Centre to provide clinical support and supervision to health records services throughout the health region.
- A full time Health Information Management Practitioner position was created at the Unity Health Centre to provide health record services to the community of Unity as well as services to Biggar, Kerrobert and Rosetown.
- Introduced Assistant cook classification in the Outlook Health Centre in keeping with the dietary staffing guidelines to ensure standardization and efficiency in dietary operations.
- Provided clinical placements to 19 nursing students.
- Created 11.44 new full time equivalents (FTE's) for Registered nurses in the following areas:

- 4.0 FTE RN relief positions in Rosetown, Kindersley, Unity and Outlook
- 4.0 FTE Clinical Nurse Educator Positions
- 0.4 FTE Public Health Nurse Staffing in Kindersley
- 0.5 FTE Travel Nurse position (Public Health Nurse) – Rosetown
- 1.0 FTE Assistant Head Nurse for the community of Biggar
- 1.0 FTE Nurse Practitioner for the Community of Macklin
- 0.54 FTE Surgical Nurse for the Rosetown Health Centre

Developing Primary Health Care Services across the Region

As in past years, the RHA contracted itinerant specialist services, including general surgery, cardiology, urology, orthopaedics, obstetrics, gynaecology and psychiatry from neighbouring regions. In January of 2008 a neurologist began itinerant services in Rosetown on a monthly basis. Residents had access to both the Acute Care and Critical Care Access Lines. In this way, Heartland physicians were able to access specialist care in Saskatoon or Regina that could not be provided within the region, and organize the timely transfer of patients to the appropriate care setting.

Figure 5: Primary Health Service Areas Map



Primary Health Care (PHC)

The development of four Primary Health Service Areas (Figure 5) within Heartland's boundaries has expanded the opportunity for more team-based care and interdisciplinary consultation. Education for communities about team-based care and choosing the right professional is ongoing and the New Year will see Team Facilitators working together with allied professionals to deliver even better client-centred care. Using the whole spectrum of services provides the client with better and earlier access to care.

The physician shortage throughout rural Saskatchewan has given us opportunities to meet with physicians and communities to look for new ways to meet their needs. Many communities are becoming interested in attracting Nurse Practitioners to their communities to work with physicians to help to meet some of the growing demands for service.

Heartland is aware that the sustainability of our health system lies in improving the health of our communities. To that end, allied professionals will look for opportunities to incorporate prevention into their working practice to reduce injuries and illness. Leading clients toward better self-management will decrease the burden on physicians and other professionals. Team facilitators and population health personnel will continue to meet with community groups to work toward healthy living within the communities in terms of physical activity, healthy food and safe environments.

The key to better case management is the incorporation of electronic medical records. The more information clients and professionals have about their health, the easier it will be to find areas for improvement. Three of our Primary Health sites are piloting the Primary Health solutions electronic medical system. Beechy, Kyle and Lucky Lake went live with their system on November 18, 2009. Initially the input of information is a daunting task and since we were one of only two sites in the province to implement, there have been many small problems to work out. As more and more systems throughout the province begin to link in to the system we will see even more benefits.

Therapies

Long term care facilities, acute care facilities and group homes throughout the region utilized the therapies department to access expertise in 'Cognitive Competency,' proper equipment set up and use, injury assessment and management, and education to family and staff for improvements in patient care. Rosetown therapies initiated several therapeutic groups within the Long Term Care facility, and these were reported by the staff to be highly successful.

Occupational Therapists are now allowed to become trained in the use of Doppler ultrasound to provide better evidence-based treatment to clients specifically for the use of compression garments. The therapy department participated in appropriate Telehealth education sessions and attended other formal education programs to maintain current evidence-based assessment and treatment practices.

Therapies continued with their involvement in two communities in the program for the Prevent Alcohol and Risk Related Trauma in Youth (PARTY). The PARTY program promotes injury prevention for high school students through reality education, enabling youth to recognize risk and make informed choices about activities and behaviors.

A variety of Falls Injury Prevention programs are being presented and carried out throughout the region by therapy staff. Trade show information booths, community group presentations, seniors' exercise and education sessions, classes, risk assessment clinics – these are only a few of the services being offered by the Community Therapies staff. Fall Prevention Binders were developed for the four service areas, and an SGI Grant was received to further develop the resources available for therapy staff to provide public education and further reduce the impact of injuries related to falls in our communities.

Therapists in Rosetown participated in developing, planning and presenting the first Healthy Lifestyles Fair. This was a project initiated through the Chronic Diseases Management Strategic Working Group, and incorporated partnerships with numerous community members and groups. It provided a forum for presentations, interactions, and general information gathering by members of the public. All ages were targeted and many who attended to 'look around' reported in their evaluations that they 'stayed for the whole day!' This was a worthwhile project that we will look to repeating.

Autism Program

Heartland Health Region received funding from the Ministry of Health to deliver an Autism Spectrum Disorder (ASD) Program. Although funding began in October, 2008, the program did not get underway until the 2009-2010 fiscal year. An Autism Spectrum Disorder Consultant with a background in Speech Language Pathology was hired as of June 1st, 2009. The position is located in Unity and provides service to clients throughout the Region from birth to age 18 years. She works closely with parents, child and youth counsellors, school divisions and other professionals that provide services to these clients. As of the end of the 2009-2010 fiscal year there were approximately fifty children on the caseload. In order to provide appropriate services, the ASD Consultant also organizes groups for social networking and skill building.

In September, 2009, an Autism Spectrum Disorder Support Worker was hired for the Region, and headquartered in Kindersley. The clients that the Worker provides service to are children from birth to five years of age. At present, this service is underutilized, and recently has been expanded to include school age children whose families need assistance.

One of the most important services that the Autism Program provides is respite. Respite services provide an opportunity for parents and/or caregivers and the children to have a break. Summer programming also plays an important part in the social networking opportunities for ASD children. There are a number of community programs that are offered that are tailored for the needs of this group.

Speech-Language-Communication Services
Speech, Language and Communication services provide opportunities for the development of speech, language and communication skills for preschool children and addresses the communication options in an adult population.

Two strategies for service delivery are offered for Pre-School children. The first is the traditional clinic-home service delivery which had an active caseload average of 36 for the year. The axiom ***parents know their children best*** is applied and parents are encouraged to assess the progress of the home program and schedule appointments. This results in "progressive program development" and saves families travel time and keeps appointments positive.

The second is the ***Home Program Plan Away from Home*** or the Partners in Communication Program for preschool children. Partners in Communication is a successful model for a community based program and an alternate approach to service delivery. The success of the program is attributed to a keen focus on the child's needs and program flexibility. A total of 263 programs have been completed since the program was established in 1996. There were twenty Partners Programs initiated in the 2009-2010 year. The Partners in Communication Program was the first recipient of the SAHO Green Ribbon Award in 1998.

This is year five for the Communication Companion – *"A Quality of Life Program" for* Stroke, Alzheimer's, Dementia, Parkinson's, Huntington's, Neurological and Acquired Brain Injury (ABI) Patients, as well as, for individuals who required interactional stimulation. A significant accomplishment was the writing of the Five-Year Report (2005 – 2010) which details the growth and impact of the program for adults and seniors both in the community and in facilities. There were sixteen Companion Programs initiated this past year.

E-mail is emerging as a supportive mode for contact in addition to direct-contact at clinics/facilities and in homes; and contact by phone works well for both the Preschool & the Seniors programs. The end-result is efficiencies in service delivery and communication.

Public Health Nutrition
Public Health Nutrition uses an approach that includes advocating for and building healthy public policy, helping create supportive environments, and assisting communities to build the capacity to take charge of their nutritional health.

The Public Health Nutrition program works toward making healthy choices the easy choice for all the region's residents. The program promotes an overall healthy lifestyle that includes healthy nutritious food. The program also helps communities reduce the barriers and increase the opportunities for people to lead healthy lives and access healthy foods. The Public Health Nutrition program continues to support community groups with food security issues and plan for feasible and sustainable community-lead projects.

The Nutritionist collaborates with the other Saskatchewan nutritionists in provincial initiatives such as Comprehensive School Community Health, The Cost of Healthy Eating in Saskatchewan and a Self-study Course for Nutrition Coordinators. (partners include Ministry of Education, Ministry of Health, North West Regional College, Dairy Farmers of Saskatchewan, etc.).

Healthy Lifestyle Promotion
A Health Promotion committee was formed as a part of the Healthy Lifestyle Program Steering Committee. It is a multi-disciplinary collaboration to consolidate health promotion work across the region.

Partnerships between Heartland Health Region, Rivers West District for Sport, Culture and Recreation, and the Towns of Rosetown and Biggar were developed to organize fitness challenges in the two communities. The challenges promoted healthy lifestyle choices in a fun and competitive manner.

A multi-disciplinary Healthy Lifestyles Fair was held in Rosetown in November of 2009. The event featured informational displays and presentations on a wide range of health topics. Heartland partnered with a number of community members and groups to provide a holistic view of being healthy.

Family Centres
Heartland is an active participant in the intersectoral partnerships in Unity, Biggar, Kindersley and Rosetown for the development of family and community resource centres. Project stages range from newly created to fully operating and are supported by the community. The focus of each centre also varies in response to the needs of each community.

Literacy
The West Central Literacy Committee is a partnership between Heartland, Central Connections Management Inc, the Great Plains College, KidsFirst, Sun West School Division, West Central Early Childhood Intervention Program and the Wheatland Regional Library. The Committee promotes the importance of literacy through all stages of life. This is done through the distribution of books to babies and their families at their appointments with the Public Health Nurses, the creation of pre-school age targeted "Making Healthy Food Fun!" toolkits and the provision of training opportunities for literacy workers and volunteers.

Community Outreach Programs –Youth Engagement
In late October, 2009, the region hired a position to focus on the youth in our region and to promote a healthy lifestyle. The position was put in place as a preventive measure to drugs and alcohol with the premise that if the youth are engaged and busy they will be less likely to abuse drug and alcohol and go out to parties. The focus is on youth engagement, community development and youth development. So far, the community of Kindersley has been the main focus area for the Recreation Therapist. Partnerships with

the existing school and community programs are key to building trusting relationships with some of the youth involved in these programs.

Involvement with the youth is very important so a lot of time has been spent in the schools building these relationships. Great connections have been built at the school with the teachers and students. The idea is that not only will programs be created for the youth but the youth will have a role in creating the programs themselves.

Adult Community Health

Adult Counselling Services has experienced a considerable increase in the clients who are being referred or who are self-referring to the program. In the 2009-2010 year, 51% of the total new and reopened client registrations received in the three mental health programs were in Adult Counselling. Depression and anxiety are two of the most prevalent disorders that clients are experiencing.

Child & Youth

The Child and Youth program in the region has been working very closely with the province to build on the quality of services being delivered to children and their families in need within our communities. The province has identified seven skill sets that it is encouraging local health regions to reinforce within their child and youth staff. There has been direct work with the provincial advisory committee to develop training programs to build those skill sets within our health region and to give our staff the opportunity to upgrade their skill sets.

The program has also been working with the province to develop and incorporate within our region a standardized outcome measurement scale that will help us understand:

1. the nature of the problems children and their families bring into the continuum of care for mental health support
2. the extent to which we are able to directly support children and families in need.
3. the extent to which we need to develop more resources for children and their families in need.

The outcome scales (referred to as CAFAS) have been on the draft tables for the past one and a half years and they should be implemented in the near future.

Addictions

The Drug and Alcohol strategy launch was held in September of 2009. The region had various staff members involved in the committee to develop the Drug and Alcohol Awareness Wellness Network (DAWN) regional drug strategy. The DAWN strategy was developed to address the needs and issues faced in rural Saskatchewan with respect to drugs and alcohol. Community consultations were held between June 2007 and January 2008 and the strategy was launched in 2009. DAWN's purpose is to assist communities with their work to decrease substance use/abuse, advocate for positive change, promote connections between communities and act as a liaison as needed.

The PARTY (Prevent Alcohol and Risk Related Trauma in Youth) program in Rosetown in April of 2009 was a tremendous success once again and planning started again in the

fall to hold another session in the spring of 2010. The program is to be expanded to the communities of Outlook, Biggar and Kindersley in spring 2010.

Kindersley has developed a new series of presentations for Adults. The "Alcohol and Drugs 101" series is offered to all clients and family members, including those who are mandated to receive services from APRS which would include Probation and SGI clients. We have received feedback from both clients and community members that people are benefiting greatly from the education they are receiving. This is a five session series that has been offered in both Kindersley and Eston. Another program being facilitated is "Relapse Prevention". These sessions are for clients who are in Stabilization Phase and beyond in their recovery. Clients who have completed Alcohol and Drugs 101 are encouraged to partake in the Relapse Prevention group, which is on going and the client can engage at any time as long as they are in the Stabilization Phase of recovery.

Continuing Care

Heartland continues to have capacity to accommodate requests/applications for Long Term Care (LTC). When a bed is not available in the preferred community, residents are admitted to another facility. They can be transferred back to their facility of choice as a bed becomes open. There is continued revision of Placement policies to ensure a patient first focus. We continue to use our program beds (respite, convalescent & palliative) to meet the needs of the communities.

Throughout the region, recruitment of sufficient, qualified staff remains a concern.

Table 3: HHR Long Term Care Statistics 2009-2010

No. of Placement Requests	187
No. of Individuals Placed	181
Average Days on Transfer List	62.31
Average Length of Stay *(days)*	89.41
Average Days from Placement Request to Assessment	7.19
Average Days from Placement Approval to Admission	6.34
Average Placement Age > 65	86
# Placed in Facility OF CHOICE	113
# Placed in Facility NOT OF CHOICE	67
# Placed on Transfer List *(Desired Facility)*	67
# Transferred *(Transferred To)*	27
# Declined Transfer	3
# Discharged	3

Planning continues for three new facilities in Heartland – one an integrated facility (Kerrobert) and two for LTC (Rosetown & Biggar). These projects will result in a net increase of twelve LTC beds for the region and will be using the new guidelines for LTC as released by the government. These guidelines have smaller groupings, called houses or neighbourhoods, for residents to live in more 'home like' atmospheres. As well, a committee has begun work on planning for staff and reviewing staffing mix in these areas.

Along with these new guidelines and Patient First review, we are examining all policies related to LTC to ensure the resident is the focus of all work. "We work in their home – they do not live in our workspace."

Emergency Services

The biggest challenge in providing Emergency Medical Services (EMS) in the region is staffing. These staffing challenges result in increased out-of-service times and increased wait times for an ambulance to respond. All of the EMS services are challenged in having enough staff to meet the needs of their communities.

Attempts to recruit new EMS staff from the local communities have had varying success. With limited numbers of new casual EMS staff entering the system there is increased demand on the remaining casuals leading some to quit their jobs. In other cases, increased demand has led to burnout of staff as they feel a lot of continuous pressure to stay on call, in order to main emergency services in their community.

Increased training requirements for entry-level EMS staff have made recruitment more difficult for casual or on-call positions.

An EMT-Paramedic was hired at Kindersley EMS in June of 2009. Paramedics can provide additional treatments to clients in the pre-hospital environment. With the support of the Kindersley Foundation, equipment to ensure the Paramedic can provide these advanced skills to Kindersley and area was purchased. This is the second EMS service in the region that can provide Paramedic-level care. The other site is Beechy.

Various EMS skills enhancements were introduced in 2009-2010. Many of the Emergency Medical Technicians (EMT's) were trained in a new advanced airway device, Continuous Positive Airway Pressure and pain management using entonox.

A direct transport stroke protocol was implemented in 2009-2010, allowing EMS providers to assess a patient who appears to be experiencing a stroke. If the patient meets the bypass criteria the EMS providers may bypass the local health care facilities and transport the patient directly into a tertiary care centre where they can be diagnosed and if necessary receive treatment that can only be administered within a certain time frame from the onset of the stroke.

First Responder Training programs were offered through a new partnership with the Great Plains College. Approximately 20 new First Responders were trained last year.

Five EMS service locations had their ambulance units upgraded with a newer vehicle.

The Provincial EMS Review was released in the fall of 2009. It contained 19 high-level recommendations which will be developed into action plans in the coming months to years. The region was very pleased to see a provincial vision which will provide the road map in the transition to a Mobile Health Service system. The region looks forward to working with the Ministry of Health and other stakeholders in the journey to an EMS system that better meets the needs of the Saskatchewan people.

Immunization

Efforts continue to address the needs of the region's communities during Influenza Season.

Public Health Nurses (PHNs) and physicians provided the following vaccinations, many of them for seasonal influenza:

- **4,825** doses to Risk Category #1 (65 years and older)
- **1,798** doses to category #3 (medical risk)
- **301** doses to category #4 (6 – 23 months of age)
- **77** doses to category #5 (pregnant women)
- **1,142** doses to Health Care Workers (about **66%** of those eligible)
- **1,532** doses of influenza vaccine were sold to the public who do not fit into a risk category

Long Term Care (LTC) facilities provided **429** doses of vaccine to a possible **479** residents of LTC facilities (**90%** of LTC residents).

There were **15,161** seasonal flu immunizations given by PHNs in 2009-2010 and **23,796** people (**54.8%** coverage of the population) were vaccinated with an H1N1 influenza vaccine. These immunization numbers are included the numbers above, broken down by age group.

A total of **38, 957** immunizations were given according to the following age distribution (these include a variety of immunizations such as routine childhood immunizations, school age immunizations, influenza, H1N1 influenza, travel and other vaccine sales, etc).

0 – 4 years: **8,363** vaccines to this age group
5 – 19 years: **10,579** vaccines to this age group
19 years and over: **20,015** vaccines to this age group

In 2009-2010 the Public Health Nurses (PHN's) provided extensive Child Health Clinics through out the region:

- Held 498 clinics
- 3,065 available appointments for children
- 2,998 scheduled 45 minute appointments that included full screening appointments
- 3,337 appointments that were seen, both scheduled and unscheduled
- The PHN's saw an additional 990 visits (15 minute appointments to incorporate immunization only, weight only and adult immunizations).

In the 2009-2010 fiscal year, PHNs continued to implement a variety of school-based immunization programs. As a collective group, they gave 3,382 school immunizations.

Travel health and vaccine sales clinics (vaccine sales clinics are for those people that do not qualify for any provincially funded programs and choose to purchase the vaccinations) activity for 2009-2010 saw an expansion of travel health and vaccine sales services to include:

- Rosetown Public Health Office – satellite Biggar
- Unity Public Health Office – satellite Kerrobert
- Outlook Public Health Office – satellite Davidson
- Kindersley Public Health Office – satellite Eston

There were a total of 140 travel/sales clinics in 2009-2010, which is an increase of 55 clinics. In those clinics, the travel PHNs saw 708 clients for consults (an increase of 171 people) and 711 clients for 15 minute appointments (an increase of 258 clients).

Communicable Disease

The Communicable disease program coordinated the investigation of 30 reportable communicable disease cases this past year. Public Health Inspectors and Public Health Nurses did follow up and education, worked with regional physicians, and provided education to the public

Outbreak Management

In 2009 (January to December) there were ten outbreak investigations in regional facilities that included:

- seven gastrointestinal (GI) outbreaks (three laboratory-confirmed Norovirus, four unconfirmed cause)
- three respiratory outbreaks (two lab-positive Para-influenza, one lab-positive Respiratory Syncytial Virus (RSV)

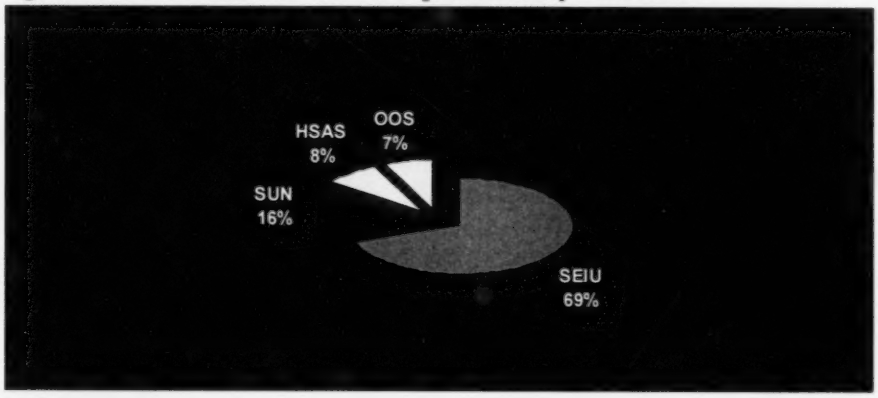
Also in 2009 (January to December) there were twenty-two outbreak investigations that occurred in community settings like schools (twenty-one) and colonies (one).

- One GI outbreak at a residential school setting that was lab-confirmed Norovirus
- Twenty-one respiratory outbreaks (twenty in various schools and one hutterite colony, all with links to positive Influenza A H1N1 pandemic strain)

Supporting and Developing Human Resources

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,819 people in positions equalling 1,099.06 Full-Time Equivalents (FTEs) in 2009-10 (Figure 6). The majority of employees (758.87 FTEs) belonged to the Service Employees International Union (SEIU), while 175.30 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 85.33 FTEs and 71.99 FTEs, respectively. The region was home to 28 physicians on March 31, 2010.

Figure 6: Distribution Full Time Equivalents by Affiliation

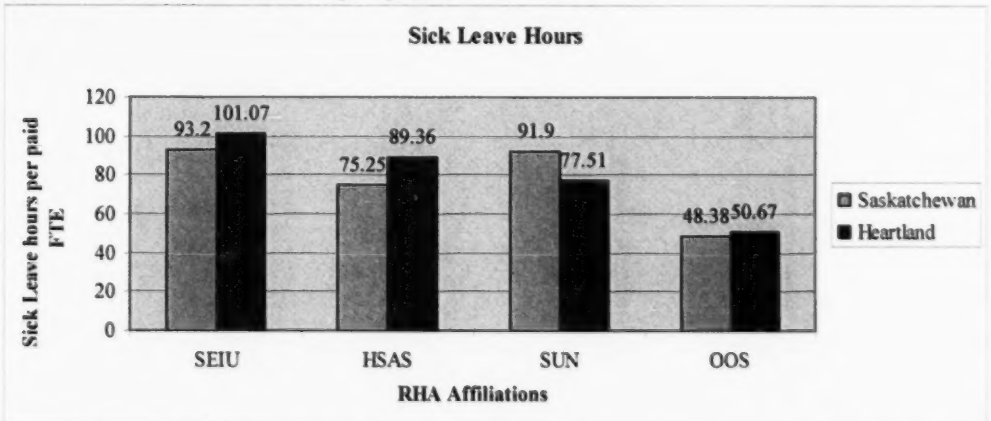


Sick Leave Costs

SEIU, HSAS and OOS Heartland employees experienced a slightly higher number of sick leave hours per Full Time Equivalent as was the Saskatchewan average (in brackets):

- SEIU: 101.07 hrs (93.20)
- SUN: 77.51 hrs (91.90)
- HSAS: 89.36 hrs (75.25)
- OOS: 50.67 hrs (48.38)
- Total (All affiliations): 92.93 hrs (87.42)

Figure 7: Sick Leave Hours per paid FTE



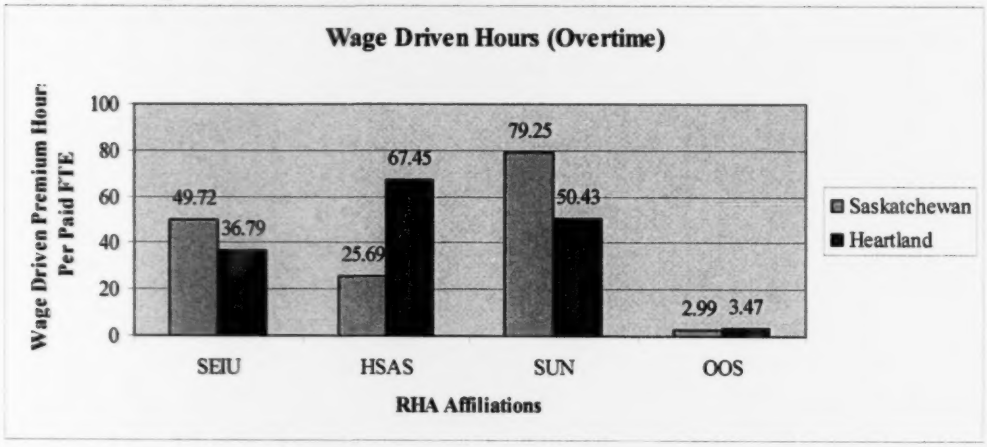
The SUN union affiliation had a significant difference from the provincial average. SUN recorded an average that was far below the provincial average. The region took proactive action to address the shortage of Registered Nurse (RN) relief staffing and to provide permanent RN employment opportunities in order to maintain current health care service levels. Success has been experienced with anticipatory hiring practices such as posting RN relief positions and permanent positions to replace temporary vacancies where it is unlikely the permanent incumbent will return to work. These RN relief positions helped to contribute to a lower number of hours in sick leave per FTE. The region showed progress in meeting their SUN partnership targets by keeping 175.30 FTE's filled in 2009-2010.

Wage Driven Premium Costs (Overtime and Call Back)

Heartland's wage-driven premium hours (39.05 hours per FTE) remained, on average, below the provincial average again this year. The provincial average was 50.07 hours per FTE. SUN was well below the provincial average, mainly due to the RN relief positions created in the region. HSAS was significantly higher than the provincial average. EMS overtime is extremely high in the region, as we have a very small number of employees in all of EMS. When there is a smaller number of employees, the likelihood of overtime becomes greater. The number of wage driven premium hours (overtime and other premiums - Saskatchewan average in brackets):

- SEIU: 36.79 (49.72)
- SUN: 50.43 (79.25)
- HSAS: 67.45 (25.69)
- OOS: 3.47 (2.99)
- Total (All affiliations): 39.05 (50.07)

Figure 8: Wage Driven Premium Hours Per Paid FTE



Workers Compensation Claims

The 2009-10 fiscal year saw a reduction in the number of Workers Compensation Board (WCB) claims, time lost claims and time loss days. Heartland Health Region met its target of a 5% reduction from the previous year. Ergonomic factors primarily back and shoulder injury due to bodily reaction and overexertion continue to be our main concern.

Ergonomic injuries are cumulative, that is, they occur over time. We will likely see an increase in ergonomic injuries as our work force ages and we will continue to identify prevention strategies to reduce the risk to our employees and the clients they serve.

The number of lost time WCB claims per 100 FTE's in Heartland decreased to 4.43 in 2009-10 from 10.37 in 2008-09. Heartland's lost time claims was lower than the provincial average of 6.32. The number of lost-time WCB days per 100 FTEs (213.72) was significantly lower than the provincial average (429.37). Heartland's commitment to safe workplaces is clearly paying off, as employees experience fewer, less severe injuries; fewer lost days; and faster returns to work.

Retention and Recruitment

The Health Region provided clinical placements for 58 students in a wide variety of settings. This is an important recruitment strategy for our region as it highlights the positive aspects of living and working in Heartland. Heartland supported a total of nineteen clinical Registered Nurse practicums. Two of these nursing students have secured employment with the region this past year. Six of those practicum's where held in partnership with the Nursing Education Program of Saskatchewan (NEPS), the Town of Eston and the Eston College. This was the fifth year we held this successful community practicum placement for NEP students. We also supported the practicums of sixteen Licensed Practical Nurses (LPN) students and five Special Care Aids (SCA) students at a variety of locations.

The region also hosted seven first-year medical students to complete clinical placements through the Community Experience Program. Five towns participated in the program; Kindersley, Rosetown, Outlook, Macklin & Wilkie.

This was the second year we recognized the work of the preceptors in the region. A preceptorship is intended to be a one-to-one relationship with a formal teaching role (the preceptor) to transfer knowledge, share experiences and create bonds with students. One formal preceptor will be recognized for each student placement. Preceptors were awarded a pin for service and all preceptors received a gift. It is recognized that a positive experience with a preceptor is central to ensure a positive experience for the student and to ensure quality training for future health professionals.

The Annual Employee and Physician Recognition program provides an opportunity to celebrate the staff and physicians who have completed five year anniversaries. A celebration was held in nearly all the communities in the month of June. Anniversaries of over 280 staff were celebrated in 2009-10. Out of this total there were twenty staff members who celebrated thirty years of service and fifteen staff that celebrated thirty-five years. These are accomplishments worthy of celebration!

Education

Continuing Education Services facilitates the access of our staff to necessary education components required in order to provide quality service to clients. Many staff were provided with funding for additional events that they identified as enhancing their

knowledge. Training plans for each service are reviewed each year to ensure that the focus of education resources is in alignment with the needs of the client, required OH&S education and other funding and regulating organizations such as Accreditation and the Ministry of Health. Challenges for the upcoming year include reductions in funding due to fiscal restraints and the lack of available provincial supports in some programs. These challenges can result in additional staff time to communicate, coordinate and collaborate in processes that assist in savings and reductions, and replace any gaps in service.

Some of the highlights from 2009-2010:

- New Hire Orientation – 96% of newly hired staff attended this two day education component.
- Safety Education – Training of regional staff to train fellow workers, which results in less cost, and greater access to staff, was implemented for Respiratory Fit Testing and the Emergency Services Safe Driving Program.
- Clinical Nursing Educators – The region was able to utilize provincial funding to hire clinical nursing educators. The presence of in-region educators provides an accessible and focused program for our nursing staff.
- Bursary Education – Over 155 staff were provided with assistance to attend events that they identified would assist them in their roles. The workshop topics included Cardiac, Gerontology and Dementia.
- Infection Control Education – Additional components of education were provided in response to the H1N1 flu pandemic, along with an increased focus on hand washing.
- Planning for Improvement, Efficiency and Excellent Service – A third day of new hire orientation for staff, and the development of additional education components for existing staff was developed and will be implemented in the coming year. The added components include a Service Excellence component to assist staff as they strive to exceed client expectations; and promotion of behaviours that emphasize the importance of teamwork and putting our values in action.
- Using Technology to provide better access – Telehealth sites were used for clinical education events such as Wound Care and this strategy will be used to provide the Representative Workforce training program in the upcoming year.

Volunteer Services

Volunteer Services in Heartland utilize the time and gifts of over 1,200 volunteers in almost every health service program. Declining numbers of volunteers, due to the aging population in the health region, is presenting challenges in meeting clients' and program expectations and demands in some services such as Transportation and Meals on Wheels.

Youth involvement continues to provide enhancements to our programs, as well as a way to initiate and foster our youth into the spirit of giving and contributing to community. The arrival of H1N1 introduced the need for a greater number of volunteers than usual during the immunization clinics. Many of these individuals were called at short notice, and were very flexible in giving their time, which was needed and appreciated given the uncertain conditions.

We are very grateful for the collaborative relationships we have been able to develop with individuals, service organizations and businesses in each of our communities that enable us to use volunteers to provide for our clients' needs.

Building a Culture of Safety

Pandemic

The Heartland Health Region, like other regions across the province, was significantly involved in management of the H1N1 Pandemic mostly from April of 2009 to January of 2010.

Overall, coordination and management of the H1N1 Pandemic went well. The health region staff, schools, organizations, municipalities and the community as a whole cooperated very well throughout the pandemic, with good regular communications including guidance from the region, and good compliance by the community to infection control measures such as hand hygiene, cough etiquette and self isolation of the ill at home. Ill patients at health facilities were attended to promptly and referrals to hospital where necessary, were well coordinated. Later in the year when vaccine became available, mass immunization was efficiently carried out with minimal lineups and waiting periods. The region successfully immunized over 50% of its residents.

The cooperation and collaboration within and without the region was commendable. The diligence and cooperation of the staff, the various organizations in the region, and the community was extended to neighboring regions and the ministry of health.

Most cases in the region fell in the mild to moderate bracket with minimal complications. A handful had to be referred to larger centres outside the region for intensive care and recovered well. There were no deaths in the region attributable to pandemic influenza.

Medication Reconciliation

The Regional Pharmacist and the Manager of Quality Improvement-Safety gave leadership to the introduction of Medication Reconciliation for the Region. Medication Reconciliation Champions were recruited from each facility in the region and training was completed in September and October 2009. The Champions went back to their sites with instructions to individualize implementation plans specific to their areas. The Regional Pharmacist continues to give leadership in the role of utilization of (PIP) and consultation for a pharmacy perspective.

At this point, Medication Reconciliation champions are in place for all facilities in the region and in nine out of twelve of the Home Care sites. We are currently developing regional policies and procedures for Medication Reconcilaition (MedRec), and working to ensure that the program is implemented in all applicable areas.

Beginning in April 2010, we will be working through LEAN methodology to effectively implement the MedRec process in our Rosetown sites. Following that, we will use this learning to continue our implementation throughout the region.

Infection Control
The health region implemented a permanent full time Infection Control Practitioner position to address the growing needs to address infection prevention and control issues in November of 2008.

There is a program in place for tracking, surveillance and reporting of healthcare acquired infections in the Heartland Health region. An education strategy is implemented around infection prevention and control issues such as hand hygiene, immunization, outbreak control, etc. An infection control audit has been developed and each site in the region will be audited for compliance with infection control policy and guidelines

Hand Hygiene
In Canada eight to twelve thousand people die of hospital-acquired infections each year with the cost of infections being on average $13,000.00 per infection. One proven way to improve patient safety is to reduce the spread of infection between clients and staff, and the ultimate spread to the community. Good hand hygiene is known to be the single most important intervention for preventing and controlling the spread of infection.

Heartland Health Region through the direction of Accreditation Canada has been working toward a hand hygiene program that will include education of proper hand hygiene moments and mechanics, as well as auditing of compliance with the moments of hand hygiene.

Hand Hygiene was a feature topic of the Patient Safety Week and also a feature in the Safety Summit held in February.

There has since been a new program developed to audit compliance with the four moments of hand hygiene, the proper mechanics of hand hygiene, and facility preparedness for hand hygiene. The program will be targeted toward staff that is providing hands on care as well as environmental service staff.

The program will be introduced to managers and auditors throughout April and May 2010 with auditing scheduled to begin in all facilities in May 2010.

Environmental Services – Housekeeping & Laundry
Throughout the past year we have been working towards developing strategies to ensure our facility environments throughout the region are safe, clean, that we follow Best Practices, Infection Control and Occupational Health and Safety guidelines. The housekeeping and laundry departments have been working on the following improvement initiatives:

- Implemented best practices focusing on resident/patient/client and staff safety;
- Started the process of reviewing and revising our policies and procedures to ensure we support best practice;
- Completed an audit on the chemicals and equipment used in by our department throughout the region;

- Worked on reducing and standardizing the chemicals being used throughout the region;
- Worked towards choosing and implementing new products that are Scent Free and friendlier to the environment.

We will continue to focus on quality improvements and developing and implementing an auditing process to ensure our continued support of a safe and healthy workplace.

Regional Dietary Services

All dietary departments in the region prepared for the pandemic by stockpiling food and disposable paper supplies in Kindersley through the central stores and on site in the event of a disruption of supply deliveries and potential staff shortages. As part of gathering meal number statistics all dietary departments were given revised statistical work books that would give much more detailed numbers of actual meals served for each facility. Significant improvement in percentage compliances for Quality Indicators occurred over the first four quarters of 2009-2010.

SIAST Cook training for regional staff has been initiated with assistance from the Saskatchewan Apprenticeship and Trades Commission to ensure qualified staff are trained and available in the future.

The Canadian Food Inspection Agency (CFIA) over the past year has issued numerous food recall notices that have been carefully monitored and distributed when applicable.

Emergency Preparedness

Work continues with communities and stakeholder groups to move the Emergency Preparedness program forward. To assist with ongoing demands for emergency preparedness, additional staffing of a half time Emergency Preparedness Officer was allocated to the program. Draft plans were in the process of being completed for the communities of Kindersley, Rosetown and Outlook which will finish the Emergency Preparedness Plans for all facilities.

There has been greater involvement of stakeholders in the program. There are continued table top exercises with the Town of Kindersley. The EPP Coordinator also participated in an exercise with Penn West in the Kerrobert area. This involvement has been very beneficial in finding and addressing gaps in the regional plans.

The Emergency Preparedness Program was involved in the H1N1 Pandemic Planning and the handling of the First Wave of the H1N1 outbreak in April and May. The H1N1 Pandemic Plan was being developed by the Pandemic Planning Core Committee at this time and was completed by September.

Materials Management

The Materials Management Department continues to grow and centralize within Heartland Health Region. At present, we order all consumables and small equipment for the Health Region. We are constantly striving to improve processes to make the ordering more efficient and effective. A major challenge last year was the procurement of clinical and non-clinical supplies to be used during a Pandemic and for the Provincial Mass

Immunization program. The region was able to meet the supply order and storage requirements by adding an additional part time stores person and supply garage.

Public Health Inspection

Table 4: Summary of Public Inspection Levels

	2009-10		2008-09	
	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)
FEE – Food Eating Establishment	330	99.6	351	82
FPL – Food Processing (Licensed)	25	100	31	84
LA – Licensed Accommodations	122	88	119	80
SP – Swimming Pools (Licensed)	25	100	27	95
Public Water Supplies	86	94	82	78

The Public Health Inspection (PHI) program provides service to the Regions population in a variety of programs with a legislated mandate. Staffing levels have improved in the recent years. Current stability within the program has resulted in advances in several areas. From a quality perspective, improvements have been made in the delivery and administration of the program. Statistically, the number and rate of inspections has improved substantially and the inspection rates reviewed in the summary table (4) represent historic highs for the region.

The implementation of the Food Safety Regulations occurred in May of 2009, enabling the online viewing of Restaurant Inspections.

Public water inspections are a crucial portion of the PHI program. This year seven Precautionary Drinking Water Advisories (PDWA) were issued. Improvements in sampling regiments, issuance of PDWAs, tracking and approval process were attained. Provincial guidelines have been updated, resulting in both improvements to the program and further demands upon our department.

Health promotion activities increased this year. Our program delivered twenty Food Handling Courses with 398 students and three Pool Operator courses with 39 students.

The compliance with the Tobacco Control Act remains high within the region. There were five tobacco control investigations conducted along with our regular facility monitoring.

Health disparities and aging, deteriorating, housing stock within our communities is being dealt with by our department on an ongoing basis. Poor living conditions with health and life safety issues for our residents are being encountered. There were numerous housing inspections with seven formal placard orders issued.

Occupational Health and Safety

Occupational Health and Safety (OH&S) begins with identifying hazards in the workplace and eliminating or reducing their risk of harm. The hazards regional employees face in the workplace can also impact our clients. The region believes we can

provide service excellence safely and that workplace incidents are preventable. Moving forward, we will continue to create a culture of safety that supports our beliefs and keeps our communities healthy.

There were several new OH&S initiatives in the 2009-2010 year that were successfully completed in addition to maintaining the existing OH&S programs and the activities of our Occupational Health Committees.

- Occupational Health Committee members include both front line employees and management staff and meet a minimum of four times per year. Their role includes inspecting the workplace for hazards, reviewing the region's OH&S policies and procedures and how they apply to facilities, providing input into improving safety, investigating incidents that have occurred and developing solutions for re-occurrence.
- The Transfer, Lifting and Repositioning (TLR) Program continually provides training and coaching to employees to ensure proper techniques and correct equipment use which reduces the risk of injury to both employees and clients. This program is expanding and will also look at other ergonomic risks in performing our day to day tasks.
- Respiratory protection plays an important role in infection control at our health care facilities. It reduces the risk of exposure of contagious elements to our healthcare workers, clients and the public. OH&S legislation requires that employees at risk must be "fit tested" to ensure a proper seal of their respirators. The region recognized that all employees can be at risk and began a fit testing initiative in the spring of 2009. This process began with acquiring the kits and supplies, training fit testers throughout the region and performing the test on our staff. We have fit tested 92% of all employees and 100% of those identified at the most risk. (RN, SCA, EMT, etc.)
- Pandemic planning and education was a significant activity in the region in 2009-2010. Personal protective equipment, exposure reduction practices and education on the H1N1 were identified, resourced and developed for the region. Providing timely information to our communities, promoting hand hygiene and social distancing and the immunization program all contributed to minimizing the impact of this virus. Lessons learned will assist for future pandemics.
- The region set a reduction target of five percent on worker compensation claims and days lost due to workplace injury for the year. We saw fewer biological outbreaks at our facilities which can be attributed to the infection control work done to address the H1N1.
- An Occupational Health & Safety Manager was hired in October of 2009 to assist the region.

Improved Safety and Surgical Equipment

Heartland Health Region received funding for safe lifting equipment for the 2008-2009 and 2009-2010 in the amount of $764,165. These funds were used to purchase various kinds of lifts, bariatric equipment, ceiling track systems, Acute and Long Term Care Beds, and tub chairs. 2010-2011 is the last year of a four year program to receive funding specified for improved safety.

Creating Healthier, more Effective Workplaces
Efforts have been made to assist Heartland staff in facilitating healthy, supportive environments. This is of benefit to staff, management and to the Heartland residents who utilize services. For the fourth year, Heartland has provided a Healthy Workplace Grant opportunity for its worksites across the region. Initiatives that promote workplace wellness and/or physical activity and strengthening of the team are awarded funds to assist with their goals. The response to the program was fabulous with twenty-two grant proposals being submitted. There were sixteen grants approved and $4,800 in funding was given out for their proposals to create healthier, more effective workplaces. This past year's initiatives included fitness and weight loss challenges, body and mind sessions, distressing techniques, an amazing race challenge and purchases of equipment for staff gyms.

Establishing Quality Performance and Expectations

Heartland Health Region continues to participate in the Acute Care Patient Experience Survey coordinated through the Health Quality Council. The feedback from this survey provides valuable feedback from client experiences to support quality improvement.

In 2007, Heartland underwent an Accreditation survey by surveyors from Accreditation Canada. This survey resulted in twenty-three recommendations that required report and nine recommendations that required attention during the three years between this and the next survey in 2010. Many activities and dedicated efforts by staff have resulted in twenty-three of the required recommendations being classified as "Met" by Accreditation Canada and the remaining nine are in varying stages of completion.

The regional Quality Improvement, Risk Management and Patient Safety (QRS) Committees and the QRS Council were restructured. These committees had been structured around the former Accreditation format called AIM, which has been completely restructured as Qmentum. The committees have been renamed the Quality Improvement, Risk Management, Patient Safety and Utilization Committees (QRS&U) and the work of the regional Committees has been put on hold until the restructuring is finalized. The core committee continues to meet as well as the local committees. The terms of reference for the committees are under review to ensure appropriate terms of reference. QRS&U Committees provide a regional focus on quality improvement, patient safety and risk management and ensure implementation, minimize duplication and enhance coordination of quality improvement, patient safety, risk management and utilization initiatives within the Heartland Health Region.

The region continued to work on and undertook a number of quality improvement initiatives during the year:

- All medication areas including medication rooms and carts are appropriately secured to ensure that medications are safely stored.

- Annual sessions are being provided on patient safety to all staff and care/service providers, including focused areas within the organization.
- A regular schedule to present quarterly reports to the board on patient safety has been developed and implemented including the following topics: critical incidents, number of falls, medication errors, elopements, safety alerts handled, recommendations from investigations and follow-up and the number of client concerns received.
- Progress has been made with completion and implementation of a regional infection control program which is appropriately resourced to support measurement and reporting systems, enhanced outbreak management, surveillance, and the tracking of infections and contacts.
- Healthcare acquired infections are being tracked on a quarterly basis in the region and reports are provided to senior leadership as well as all facilities.
- Work continues to ensure that all sites are 100% compliant with conducting monthly fire drills, ensuring that drills are held on all shifts.
- Prospective analysis has been implemented as an improvement tool and projects requiring this tool are being identified.
- Work has started on the implementation of the Surgical Safety Checklist as an important tool in the safety of surgical patients.
- Medication Reconciliation on admission has been implemented in one site in the region and a plan has been developed to implement throughout the region.
- A policy has been completed to address using two client identifiers before all services or procedures has been approved and implemented.
- Participated in Canadian Patient Safety Institute (CPSI) Patient Safety Week in November 2009. It focused on the role the individual has in patient safety and encouraged patients to "Ask, Listen and Talk" to their health care providers.
- A Patient Safety Summit was held in February that focused on falls reduction, medication reconciliation, hand hygiene, Qmentum, and incident reporting.
- An assessment of the regional sites for reprocessing of reusable medical devices was completed.
- A seasonal influenza vaccine program was started in the region.
- Pneumococcal vaccine is now provided at public influenza clinics for identified risk factors.
- A Falls Prevention Strategy was established at a pilot site with a view to regionalization of the strategy.
- Use of dangerous abbreviations has been addressed through development of a policy and procedure outlining medication order writing standards, including the adoption of the ISMP Canada's "Do Not Use Dangerous Abbreviations" list.
- High-risk doses of heparin and narcotics are no longer being ordered or stocked.
- All Mental Health & Addictions staff have been trained in the Applied Suicide Intervention Skills Training (ASIST) program.
- Issue alerts circulated for the province resulted in additional Quality Improvement initiatives
- The Required Organization Practice (ROP) Magazine and progress report was prepared and circulated throughout the organization.

Making Ongoing Communication A Priority

The region continues to expand circulation to various stakeholder groups and participation in local and community events has also increased. During the heightened awareness campaign for the H1N1 pandemic, many different communication techniques were tried to get the information out as quickly as was possible. A community meeting and telehealth information session was held with general H1N1 information at the beginning of the second wave of the pandemic in the fall of 2009 with the Medical Health Officer. The Ministry of Health provided up to date information many times daily via e-mail and information was shared with public and staff as soon as it was available. The website was the main tool for communication during this time as the information was changing so quickly that weekly newspapers were not able to keep up with the changes and meet their deadlines. A toll free line was also set up to answer general inquiries regarding H1N1 and immunizations for the general public who did not have access to the website.

The region also began to plan for a Digital Signage pilot in one facility in each of the four primary health service areas. Digital signage involves various health-related messaging or health advertising on an LCD display television. The pilot project is currently underway in the Unity Health Centre, Rosetown Health Centre and Kindersley Health Centre. The Outlook Health Centre has the physician clinic located within the facility so plans are to expand the information on the physician clinic program to include regional as well as provincial content. These LCD televisions are located for public viewing in the lobbies. At present the provincial content is all that is accessed in the four sites with plans to expand to regional content in Fall of 2010.

The region held many staff and community consultations with the planning of the new strategic plan. These consultations took place from January to April 2010. Over 30 sessions were conducted reaching over 300 staff and community members. Senior Leadership has made an effort to have a consistent presence at regional staff and operational meetings. Efforts are made to work cooperatively and collaboratively with other regions and the ministry. Heartland worked collaboratively with partners throughout the region to develop the Drug and Alcohol Awareness Network and Strategy that was released in the Fall of 2009. There was also collaboration with the Regional Intersectoral Committee (RIC), which includes representation from the R.C.M.P., Sun West School Division, the Rivers West District for Sport, Culture and Recreation Association, Great Plains Regional College, Department of Community Resources, Corrections & Public Safety, and Saskatchewan Crime Stoppers.

Providing Information Services

The Heartland Health Region (HHR) Information Systems department remains committed to providing our health care professionals with the instruments, information and assistance they require in order to provide the highest level of service to our clients and residents.

Clinical Systems have been implemented which will advance regional and provincial agendas toward a comprehensive Electronic Health Record (EHR). We currently have five sites (Unity, Biggar, Rosetown, Kerrobert, Kindersley) using the Client Patient Indexing (CPI) System which is the initial stepping stone in the EHR. . The Region supported several provincial EHR initiatives indirectly by participating in procurement, evaluation, and selection processes; these include the Physician Electronic Medical Record (EMR) System, the Laboratory Information System (LIS), and the Primary Health Care (PHC) System. The PHC system has been rolled out in Beechy, Lucky Lake and Kyle to provide the doctors with an Electronic Medical Record in our three primary care sites. The Pharmaceutical Information Program (PIP) was rolled out to all Homecare Client Care Coordinators, Acute sites and Health Centres.

Digital Computed Radiography (CR) has been implemented in Kindersley, Outlook, Rosetown and Biggar. *CR* is a preliminary step towards the provincial Picture Archiving and Communication system (PACS). *Digital CR* is an industry standard which increases provider and patient safety while reducing risk by allowing X-Rays to be transmitted digitally for specialist review, reducing radiation exposure levels, and eliminating the requirement for film processing. Heartland is working with the province to develop a site readiness report that will help identify site requirements. From this report Heartland will have the tools required to start preparing the region for the implementation of the RIS/PACS system. Ultrasound services have also been incorporated enabling the same functionality.

The Telehealth Program continues to grow. Telehealth services are now available in Kindersley, Rosetown, Outlook and Unity with the development of a second site in Kindersley (Kindersley Corporate Office, Jan 2010) and sites in Biggar and Davidson sometime in 2010. There were forty-two clients who utilized telehealth services for clinical visits and clinical education, thus improving access to programs such as Genetics Specialists, the Rural and Remote Memory Clinic and pre-surgical education. There were 758 hours of Professional Education that was provided to staff including Provincial Rounds in Psychiatry, Cardiology, Geriatrics, Pediatrics, etc. This is an increase from last year's numbers (373 hrs). There were 151 hours of public education provided in the areas of Multiple Sclerosis, Parkinson Disease, etc. which is also an increase from last year (110 hrs). Opportunities to improve access and content for educational applications and educating staff will continue to be looked at for staff and the public regarding clinical applications with a goal of continued expansion of the Heartland Telehealth program.

Information Technology continues to advance at a rapid pace (not only regionally, but globally). Advancements were made in several areas in order to guarantee current service levels and improve system processes. The main focus this year has been around back up and DRP (Disaster Recovery Planning). This translates into better departmental performance and alignment with service expectations. Data Centre and facility-specific infrastructure has been replaced in order to improve systems management, availability, and performance.

Public Confidence, Accountability and Transparency

Providing clear, relevant, honest and timely information to stakeholders is an organizational priority for Heartland Health Region. The regional Communications Plan continues to give direction to the region, and focuses on reputation management, enhancing public confidence, improving public access to information, and issues and concern handling.

As important allies for relaying corporate, program and service information to the public, the region maintained and nurtured positive relationships with the media. Heartland collaborated with the Minister of Health and other Regional Health Authorities on a variety of provincial communications efforts. The Coordinator of Communications participated in weekly Joint Communications Committee conference calls and face to face semi annual provincial meetings. The RHA website is regularly updated to share information with employees, physicians and the public. All public documents, including media releases, publications and authority minutes are available on the website, as well as by request to Corporate Office.

The region undertook specific activities to address public confidence during the year:

- The weekly "internal" newsletter was revamped (the Link) in order to facilitate better communication and encapsulate a wider readership (Staff, Clients, Foundations, Physician Clinics, Community, etc);
- A community Newsletter went out to all residents in the fall of 2009. This Newsletter highlighted a number of initiatives underway in the region and focused on H1N1 and the pandemic.
- Staff and Community Consultations continue to happen in order to discuss important initiatives (most recently - Capital Projects and Strategic Plan);
- The region has made a concerted effort to have meaningful working relationships with various stakeholder groups (West Central Municipal Government Committee, Great Plains College, School Divisions);
- Regular meetings and collaboration with local media on several pertinent topics including pandemic- H1N1, outbreaks, service changes, and project/initiative updates.

2009 – 2010 Performance Results

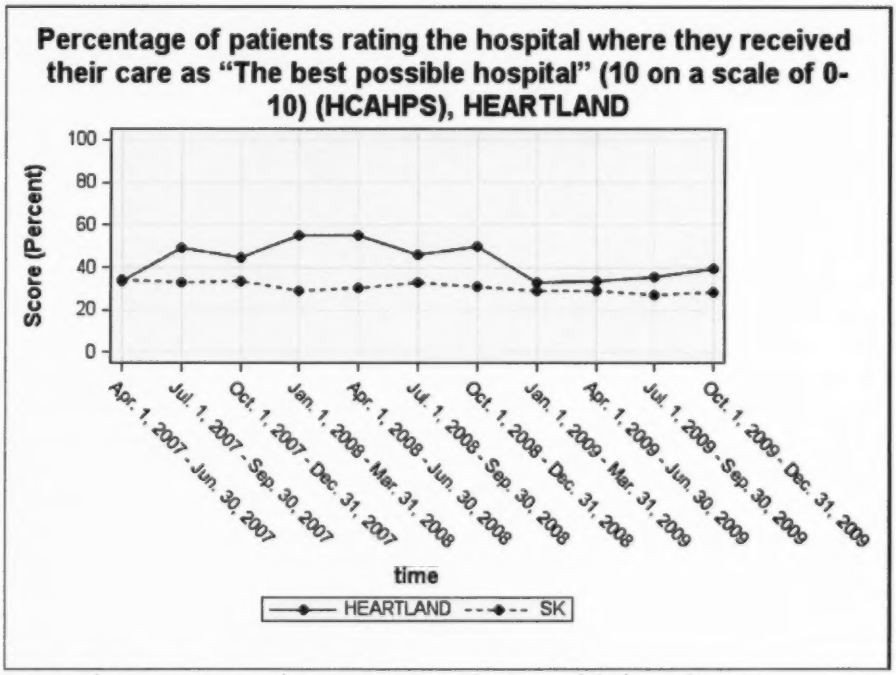
The Regional Health services Act defines the relationship between the Heartland Health Region, the Minister of Health, and the Department of Health. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of reportable indicators, which help to monitor progress in achieving health goals and that serve to identify priority areas for the region. The main source of data for the RHA information is provided from the Ministry of Health or Health Quality Council. Indicators that are not relevant to RHA have not been included in this Summary.

Pillar One – Health of the Individual - Goals

- The health system and its employees / providers are focused on providing exceptional care and service to its customers that is consistent with both best practice and customer expectations
- People have timely access to appropriate and quality health services and supports
- The system works to continuously improve health care safety

Majority of patients rating the hospital where they received their care as "The best possible hospital" (10 on a scale of 0-10)

Figure 9: Percentage of Patient's: Best Possible Hospital


Percentage of patients rating the hospital where they received their care as "The best possible hospital" (10 on a scale of 0-10) (HCAHPS), HEARTLAND
Score (Percent)
100
80
60
40
20
0
Apr. 1, 2007 - Jun. 30, 2007
Jul. 1, 2007 - Sep. 30, 2007
Oct. 1, 2007 - Dec. 31, 2007
Jan. 1, 2008 - Mar. 31, 2008
Apr. 1, 2008 - Jun. 30, 2008
Jul. 1, 2008 - Sep. 30, 2008
Oct. 1, 2008 - Dec. 31, 2008
Jan. 1, 2009 - Mar. 31, 2009
Apr. 1, 2009 - Jun. 30, 2009
Jul. 1, 2009 - Sep. 30, 2009
Oct. 1, 2009 - Dec. 31, 2009
time
HEARTLAND
SK

Data for this measure is collected and housed by the Health Quality Council. The Health Quality Council (HQC) does not collect data on the percentage of patients rating services as excellent or exceptional. Instead, they collect data on the percentage of patients rating the hospital where they received their care as "The best possible hospital" (10 on a scale of 0-10). HQC participates in an inter-jurisdictional patient satisfaction group comprised of patient experience representatives across Canada. One of their goals

is to identify and define national benchmarks and targets for core patient experience indicators, including the global satisfaction item.

The Voice of the Customer

Providing an outstanding service experience for customers is a top priority for the region and the entire health system. It is increasingly important for us to find unique and meaningful ways to include our customers in all aspects of health service delivery – from the development of our strategic plan and the design and delivery of new programs and services, straight through to discharge and follow-up procedures. In order to deliver the best care possible across the province, the voice of the customer must be sought out and considered at all cross-roads, in every service design and delivery decision, and during each second of the care experience. The customer, after-all, is the focal point of our entire system.

Our aging population is also driven by a particular set of values, resulting in predictable lifestyle choices. The overwhelming preference is for our aging population to utilize the health and social service which affords them the greatest level of personal freedom, independence, and autonomy. The health systems *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, etc) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc).

Listening and responding to the voice of the customer is vitally important to improve communication between service users and staff. Effectively engaging the voice of the customer will help Heartland Health Region in providing accessible and responsive services based on people's identified needs and wants. Customer-driven initiatives result in safer health-care environments, better management of chronic conditions, fewer complaints and decreased length of stay in hospital. Further, addressing the voice of the customer benefits the organization by uncovering current problems in care delivery and shaping quality improvement initiatives to resolve them.

Incorporating customer feedback in care delivery results in greater patient satisfaction, more knowledgeable and competent patients and families, less anxiety and stress, and improved health outcomes. Employing mechanisms to hear the *voice of the customer* tells our service users that we value their opinions and will continuously assess our performance to meet their needs. Further, our attention to feedback affirms our focus on quality improvement and creates a culture of excellence based on open and honest service delivery and accountability structures.

We have used a variety of methods and avenues for gathering feedback and hearing the voice of the customer within our region:

- Saskatchewan's Patient First Review, 2009 – Conducted research on how patients experience the health care system, and how health services are managed;

- Heartland Health Region's Staff and Community Engagement Forums, 2010 – Over 30 sessions were conducted reaching over 300 staff and community members in an effort to discuss the issues which are important to our clients and communities;
- Ministry of Health's Voice of the Customer Initiative, 2009 – A provincially led initiative aimed at formalizing, implementing and measuring the ways in which we engage and include our clients/communities in the development and delivery of health care services;
- Health Quality Council's Acute Care Patient Experience Satisfaction Surveys, 2009 – Intended to evaluate the quality of inpatient acute care provided to patients from the point of view of patients; and collect information that will improve patients' experiences with care;
- Heartland Health Region Concern Handling Processes – Formal processes exist which capture, track, and respond to concerns from clients and families throughout the region.

All of this feedback acts as, and has been used as, input into the regions planning process (informal and formal). This ensures that we are working closely with stakeholders and engaging our communities in improving and planning for the future of healthcare services.

Targets for Surgery

In 2009-10, eleven less surgeries were performed in the health region than were performed the previous year; however, this was still sufficient to exceed the target established by the Province. The target for the number of surgeries completed in Heartland Health Region (HHR) in 2009-2010 was 260; the actual number completed was 343; that is, HHR was 83 surgeries above the provincial target. The percentage to target achieved in Heartland Health Region was 131.90 %, greater than the provincial average of 101.6%.

The above indictor measures surgical wait-times. In 2009-10, HHR decreased the overall number of surgeries performed and reduced the number of cases on surgical wait lists. The average number of cases on wait lists for surgery was 23.3 per month down from 36.75 in 2008-09. Of these, 0 had waited twelve or more months and only one greater than six months.

Wait Times

The Region's surgical programs are available in Kindersley and Rosetown and include services by both Local and Itinerant (visiting) surgeons who provide a range of surgical and diagnostic procedures including General, Orthopedic, Gynecological, Urology and Diagnostic Endoscopy. The Regions Operating Rooms are utilized for booked surgical procedures on an average of twelve to thirteen days per month and are available twenty-four hours a day, seven days a week for emergency surgeries. The Region continues to

look at how surgical services can align and assist the Province in its plan for transformation of the Surgical Patient Experience including reducing surgical wait time.

Heartland residents currently experience minimal delays in accessing surgery that is performed in the region. The region's utilization data (Table 7) indicates that there were a total of 1151 surgeries performed in the region. Of all surgeries reported in the region, 929 were Day Surgeries and 222 were Inpatient (IP) Surgeries. There were 659 surgeries in Kindersley (160 In Patient surgeries and 494 Day Surgeries) and 497 in Rosetown (62 In Patient surgeries & 435 Day Surgeries).

Table 5: Summary of Surgeries including diagnostic procedures performed in the surgical suites in Heartland Health Region

Surgeries - Number of Surgeries	2008			2009		
	Kindersley	Rosetown	Total	Kindersley	Rosetown	Total
Inpatient						
Local	81	64	145	115	62	177
Itinerant	39	2	41	45	0	45
Day Surgery						
Local	48	58	106	36	42	78
Itinerant	488	399	887	458	393	851
Total Surgeries	656	523	1179	654	497	1151

Pillar Two – Providers - Goals

- Health service providers have a personal commitment and ownership in creating and working in a caring and high performance environment
- The health system has safe, supportive, and quality work places
- The health sector has a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

Customer Service Engagement Plan

A customer service engagement plan has been adopted by the region and many of the activities will be starting in the new fiscal year. Customer Engagement and hearing the voice of the customer will be the main focus of the plan.

All new employees and existing employees will receive education on the service excellence expectations of the region. The new values that will be adopted in April 2010 will highlight an unwavering focus on the patient and will adopt our new vision of Healthy People, Healthy Communities and Service Excellence in and Enduring Health System. Our new values are respect, compassion, excellence, stewardship and collaboration.

Employees will also receive education and training in Contagious Kindness. This program promises to raise one's self-awareness and personal accountability for the development of a respectful and caring workplace culture. Kindness as a core value, and as standard for decision-making, provides an easily understood 'emotional benchmark'

for recharging and centering oneself in the midst of stress and the daily changes of todays workplace.

The program reminds participants that in our careers the people who make a difference are not the ones with the credentials, but the ones with the concern and compassion for us. Our society is built on a foundation of relationships, which connect individuals to families, work environments and communities.

The Region currently completes Satisfaction surveys the Acute Care settings (Heath Quality Council). These surveys are used as planning tools in determining client wants and level of satisfaction with the system. The surveys are being used as inputs to the regional 2010-2012 Strategic Planning process. The surveys are also reviewed to prepare user friendly methods to ensure staff is aware of the results and to conduct local initiatives to improve the client experience. An additional Health Quality Council (Emergency department) survey is currently being implemented in the Kindersley Health Centre (as a pilot).

These existing surveys will be used to measure improvement in customer satisfaction. As part of the regions 2010-2012 Strategic planning the region is also developing a client feedback system (and associated targets) which will be used to measure client satisfaction across the entire continuum of care.

Individual concern handling is facilitated through a regional process. Members of the Quality Program serve as the Client Representative in working with clients and program staff to resolve service concerns and raise awareness/educate at a variety of organizational levels. Quality Improvement initiatives follow the concern handling process (where appropriate).

Pillar three – Sustainability – Goals

- There is strategic and operational alignment of priorities within the health system and with the goals and priorities of Government
- The health system has the required equipment, capital, and electronic infrastructure

Financial Summary

Heartland Health Region ended the 2009-10 fiscal year with a $305,616 operating surplus after capital commitments. The surplus represents .35% of the Region's actual operating expenditures. Total funding for the region was $83.65 Million.

Table 6: Operating Surplus

	2010	2009	2008	2007
Operating Surplus	$ 305,616	$ 756,392	$ (102,307)	$ 66,756

Highlights of the year include:

- Ministry General Efficiency Base Reduction $144,000 for the region
- Ministry release of deferred funds $382,000
- SUN Partnership 5.66 annualized full time equivalent enhancement
- Pandemic Funding Support from the Ministry for both required salaries and supplies
- Region's appropriation for Housing Unit Mortgages, which allows for financial flexibility into the 2010-2011 fiscal year
- New Ministry Initiatives for LEAN and Infection Control

Expenses were up 9.78% over 2008-2009 and over budget by 5.61% mainly due to the yearend accrual of the proposed settlement of the SEIU contract. Sick and over time remain substantial at close to $3 million.

Other non-salary pressures included utility rates on energy, power and water. These rates continue to rise. Repairs and Maintenance and insurance claims in Kindersley and Outlook were also some financial pressures.

As for revenues, the region saw a decrease in empty beds overall (avg. of 7.8 per month), with the final six months of the year seeing an average of only 1.1 empty beds per month. This is compared to 20.5 average in 08/09.

EMS trips were up 183 trips from 08/09. Out of province revenues were also up significantly over last year due to an increase in rates and visits.

Investment Revenue was down significantly, 52% from last year due to a drop in interest rates.

The SEIU contracts expired March 31, 2008 and while the proposed settlement has not been agreed to or ratified by the union, an estimate for the SEIU retroactive settlement has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time.

Capital upgrades

Planning continues for all three capital projects in Biggar, Rosetown and Kerrobert since the Ministry announced funding for long term care replacement facilities in these communities in February of 2009. The Ministry of Health awarded Kerrobert an integrated facility in July of 2009.

In August of 2009 the region appointed the architects for the three long term care replacement projects. Prime consulting services were awarded to Friesen Tokar Architects + Landscape + Interior Designers of Winnipeg, known as Ft3. Ft3 will be

working with Alfa Engineering of Regina for Electrical Engineering Services, HAD Engineering of Regina for Mechanical Services and the team of Crosier Kilgour, Brownlee Beaton Kreke of Winnipeg and Regina for Structural Engineering Services.

The functional plans have been submitted to the Ministry and a review and response is anticipated by the end of April 2011. Schematic design and design development are continuing. Room Data information has been gathered for all three sites.

The present schedule for having tender packages available to go is late 2010 or early 2011.

The region was able to do some capital upgrades to increase the safety of our facilities through VFA funding from the Ministry of Health. Numerous VFA projects were completed in 2009-2010 and some are still in the planning stages. They included nine roof replacements at a cost of over $2.707 million, three flooring replacements at a cost of over $294,000, five heating, ventilation, and air conditioning upgrades at a cost of $119,000 and twenty life safety upgrades including fire alarm, nurse call, and handicap power doors for a total of over $365,000.

Table 7: Life Safety Emergency & Infrastructure Projects

2009-10 Life Safety/Emergency & Infrastructure Projects

FACILITY	PROJECT/REQUIREMENT NAME	STATUS
BIGGAR DIAMOND LODGE	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
BIGGAR HOSPITAL	BUR AGED AND WORN	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	NURSE CALL SYSTEM	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
DAVIDSON HEALTH CENTER	BUR AGED AND WORN	Complete
	COOLING GENERATING SYSTEM CONDENSER AGED	Complete
	DOOR REPLACEMENT-END OF USEFUL LIFE	Awarded
DINSMORE HEALTH CENTER	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	ROOFTOP PACKAGE UNIT AGED AND WORN	Complete
	NURSE CALL SYSTEM	Complete
ELROSE HEALTH CENTER	ASPHALT SHINGLES AGED AND END OF LIFE	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	CARPET FLOORING AGED/END OF LIFE	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
ESTON HEALTH CENTER	ASPHALT SHINGLES AGED AND END OF LIFE	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete

	SHEET VINYL FLOORING AGED/END OF LIFE	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
KERROBERT HEALTH CENTER	PACKAGED A.C. UNITS AGED	Complete
KINDERSLEY HERITAGE MANOR	EXTERIOR DOORS AGED AND WORN	Complete
	DOMESTIC WATER HEAT EXCHANGER AGED	Complete
	FIRE ALARM WIRING AND EQUIPMENT AGED	Complete
	COOLING GENERATING SYSTEM CONDENSER AGED	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	BUR AGED AND WORN	In Progress
KYLE HEALTH CENTRE	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
LUCKY LAKE HEALTH CENTRE	CARPET FLOORING AGED/END OF LIFE	Complete
OUTLOOK SUB-OFFICE	ASPHALT SHINGLES AGED AND END OF LIFE	Complete
ROSETOWN HEALTH CENTRE	HOT WATER PIPING AGED	In Progress
	ENTRANCE LACK POWER OPERATION	Complete
ROSETOWN WHEATBELT LODGE	BUR AGED AND WORN	Complete
	PACKAGED A.C. UNITS AGED	In Progress
	ELECTRICAL SERVICE	In Progress
	MAIN ENTRY DOORS LACK POWER OPERATIONS	Complete
SUNSET LODGE	AIR CONDITIONING	Awarded
	ELECTRICAL SERVICE	Awarded
WILKIE HEALTH CENTER	BUR AGED AND WORN	Complete
	EXISTING HVAC CONTROLS OBSOLETE	Complete

Pillar Four – Health of the Population – Goals

- Health promotion / protection and disease prevention initiatives improve the health of the population and reduce disparities
- Long-term strategies address the social factors that impact people's health

Chronic Disease Management

Two physician practices from Heartland are again involved in the Saskatchewan Health Quality Council's chronic disease management collaborative. This is the second collaborative and it focuses on making improvements for clients with Depression and COPD. The Collaboratives help the Region to focus on the gaps in the delivery of our service. Through the previous collaborative we recognized that there were no cardiac rehabilitation services for Heartland clients within the Region. Through government

targeted funding we were able to secure the services of a part-time exercise therapist who developed rehab groups in Outlook, Lucky Lake and Beechy. These groups are very well attended and clients have seen significant decreases in their blood pressures, blood sugars and weight. This group will encourage attendance by those Heartland clients suffering from COPD in the next year in an effort to improve their outcomes and give them a better quality of life.

A Chronic Disease steering group was established in 2009 and this group has done a strategic plan which focuses on disease specific improvements as well as prevention. They held their first annual Healthy Lifestyles Fair in Rosetown in November, 2009. The focus this year will be on forming a COPD working group and increasing client access to the "Living Well with Chronic Conditions" support group. The prevention group will seek opportunities to consult with communities to work on maintaining healthier communities with the goal of preventing chronic disease. Statistics show that 80% of chronic conditions and their complications are preventable yet people with chronic conditions account for 60% of hospital admissions. Many hospital admissions could have been avoided by having better community care which is less costly and much more sustainable than emergency unit use.

Diabetes Strategy - Prevention Team

The Diabetes Strategy Prevention Team has joined forces with other Heartland departments this past year in order to provide a more efficient and effective means of offering health promotion opportunities throughout the region. The premise is that healthy lifestyle choices are inter-related and by addressing them collectively a stronger base is built to affect the health of Heartland residents in a sustainable manner. The newly formed group is the Health Promotion Committee, which is a sub-committee of the Healthy Lifestyles Program Steering Committee. The main initiative undertaken was a Healthy Lifestyles Fair held in Rosetown. The Fair featured presentations and informational display booths from a wide variety of health professionals and community members/groups.

The REAP (Risk Evaluation and Assessment Program) team has developed a diabetes site on the Heartland Health Region Sharepoint. This will offer on line learning modules on various topics on diabetes following the current Clinical Practice Guidelines and recommended best practices in diabetes care. This will help to provide the greatest accessibility to continuing diabetes education for professional Heartland health care staff.

Falls Prevention

Falls Reduction and Prevention is a Required Organizational Practice (ROP) for Heartland Health Region. It requires us to implement and evaluate a Falls Prevention Strategy to minimize the impact of client falls. Heartland Health Region has the second highest percentage of seniors in Saskatchewan at 18.4%. Around 87% of injury related hospitalizations for seniors are the result of falls. Roughly 70% of seniors' falls occur in and around their homes and around 12-15% of falls are happening in our Long Term Care (LTC) facilities

A Steering Committee was formed in October 2009 and has adopted the Safe Saskatchewan Seniors' Fall Injury Prevention Five Year Strategic Framework (2010-2015). This will serve as Heartland Health Region's Roadmap for developing and implementing programming for Falls Prevention and Reduction for our four streams of clients; Community Members, Home Care Clients, Acute Care Patients and Long Term Care Residents.

This implementation programming will align efforts throughout the organization to educate staff and clients, develop policy and protocols, create safe environments and develop a framework for shared roles and responsibilities for the Prevention and Reduction of Seniors' Falls in the Heartland Health Region.

Working groups combining Home Care/Community and Acute Care/Long Term Care have been established and work is being conducted within those disciplines on the Falls Prevention Interventions.

To address the Long Term Care (LTC) client stream a Falls Reduction Quality Improvement Team in the Dinsmore Health Centre was formed in March 2010. The team is using the Safer Health Care Now Getting Started Kit on the Prevention of Falls in Long-Term Care. They have begun Plan, Do, Study, Act (PDSA) cycles on a number of falls risk assessment tools and practices. They will look at measuring outcomes to reduce the number of falls and help develop a falls prevention program suitable for staff and clients in Dinsmore. This will also aid in developing best practice standardized processes for other LTC facilitates within the region.

Roll out of the strategy will begin in the fall of 2010 to three additional LTC Facilities with work continuing in the Dinsmore Health Centre to ensure sustainability. The goal is that by March 2012 all LTC facilities in Heartland will have implemented the LTC Falls Reduction Strategy and the Region will see a reduced rate of falls in Long Term Care.

Dental Health Education

The Dental Health Education Program's overall goal is to promote, educate and motivate people of all ages in the Heartland Health Region to practice good oral health habits.

Dental health screenings were conducted in 55 schools in the region to assess the dental and oral health needs. There was 92% of grade ones students and 79% of grade seven students who participated in the dental screening process. In total, 85% of students in grade one and seven participated in the screening. At the time dental screenings were conducted, 27% of grade one students and 13% of grade seven students had obvious tooth decay.

Around 92% of the students in thirty-two schools in the region participate in a fluoride mouth rinse program once a week.

Future Outlook/Emerging Issues

Physician Services

Over the past year the Heartland Health Region and its communities have worked to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. In some cases, this has proved challenging. As a result, over the past year, there have been prolonged shortages in physician services throughout the region. To ensure accessible, appropriate health care in each and every Heartland community we will need to focus on team work, cooperation and ensuring the availability and the best use of all health care professionals, ensuring that they have opportunities to work to full scope of practice. Communities, providers and the health region will need to work together.

The region's current priority is recruiting to Rural Saskatchewan. An information portal has been developed on Heartlands website (www.hrha.sk.ca) "selling" our region and communities. This site includes a list of advantages that rural practice offers prospective physicians. Recruitment initiatives include focusing on early contact with physician students and recent Saskatchewan grads, working closely with the province and the new provincial strategy and with communities to gather recruitment expertise resources. The region will develop a Physician manpower strategy specific to each community's recruitment needs, as well as develop a regional recruitment structure to enhance and simplify the recruitment and retention process.

The region sees Physician recruitment and retention trends becoming more important moving forward due to impending retirements and turnovers.

Primary Health

The development of four Primary Health Care Service areas within Heartland sets the stage for service delivery and development over the next years. The infrastructure will continue to develop to support this style of service. Communities will be educated to understand and use Primary Health services.

Team Development Facilitators, Healthy Living Experts (Chronic Disease Management), Communications personnel will be the catalysts that move Heartland from an ordinary health region to one on the cutting edge of rural wellness and health care. Primary Health Teams will be focusing on prevention of chronic illness through the promotion of healthy eating and increased physical activity. They will be working with community groups to learn how to incorporate more physical activity into daily living and to build more active communities.

It appears that economic growth is occurring in Heartland, as it is across the province. This growth is predicted to continue into the future. New and different needs will be identified as populations grow and change with economic and industrial change. Heartland's Primary Health Care Service Areas are designed to help communities focus

on their specific needs and develop services which are what they need to respond quickly to newly identified needs within their boundaries. Over time, the PHSAs will develop service "personalities" that reflect the unique needs of the area while still ensuring the provision of core health services.

Technology will continue to enrich the quality and access of health care. Full implementation of The Electronic Health Record has been implemented in the three Primary Health sites. It will eventually lead to better care of chronic conditions by aiding staff in implementing the latest clinical guidelines for care. Some disease-specific programs are now being offered by telehealth in order to reach more of Heartland's clients and this will continue to be expanded into other programs.

Human Resources

The Heartland Health Region's greatest asset is its human resources – our staff. The Heartland Health Region is very fortunate to have an extremely competent and committed workforce. This workforce has undergone tremendous challenges and changes in the past few years and is well equipped to meet the challenges and changes of the future. The people side of the healthcare system is the most important element in providing quality healthcare services and Heartland employees have continued to dedicate their efforts and enthusiasm to provide quality and compassionate care to the people of the Heartland Health Region.

Recognizing the many difficulties of recruiting to rural areas and the fierce competition between healthcare organizations for the same candidates due to shortages, the Heartland Health Region will continue to focus efforts on retaining existing employees within the system. The strategic Human Resource Strategy also requires a longer-term vision of recruitment involving anticipatory hiring practices by predicting future staffing needs and planning for recruitment. This strategy requires a "thinking outside of the box" mentality that in some instances will require increased spending in order to attain or retain necessary human resources within the Region's health care system.

The vision of our Human Resource Plan is to recognize, encourage and reward these efforts by providing a workplace culture and leadership approach that fully values the contributions of all staff and connects quality work environments, individual quality of work life and organizational performance.

Communications and Public Confidence

Communication is always a challenge. Heartland will need to address both internal and external audiences. Internal audiences need to have opportunities to adapt to a new and changing culture. Individuals need to learn about safety, team work, and patient-centred services. Communities need to learn about health care as it is provided today – by a wide and diverse range of human service providers who work collaboratively toward health living, illness prevention, and treatment when required. Nurses and doctors, although incredibly important players in a health system, are just two parts of the complex, multifaceted system that provides health care to Saskatchewan citizens.

Communities need information about pending changes in the system. Resource reallocations can cause a great deal of angst within a community. Early, transparent and frequent dialogue must occur.

A Culture of Safety

Safety continues to be a key strategic goal for the region. Several projects are underway in order to enhance safety throughout the region both for staff and patients alike. Required organizational practises for infection control, Accreditation recommendations such as Medication Reconciliation, and a provincial Senior Falls and Injury Prevention Reduction program (to name a few) will all contribute to a safer region for everyone.

Key to Heartland's forward motion is the continued evolution of the Culture of Safety in both the organization and the community. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with 'accidents", and unintentional injury. Not all of these costs can be measured and financial gains are not immediate.

Quality

Maintaining a quality, sustainable infrastructure in Heartland will be a challenge and an opportunity for change. A "blueprint" of the ideal services provided in, and resources allocated to, each Primary Health Service Area has been developed. Each Primary health service area (PHSA) will meet the unique needs of the area, while ensuring that a common set of health services are equally available to all Heartland residents no matter where they live. Completion of this blue print allows the region to move forward in identifying which sites, which services and which professionals are required in each area.

Quality Improvement, Risk Management and Patient Safety are major themes that need to be addressed into the future. It should be clear that the conscious and active efforts of many people across the region have a daily impact on advancing safety practices and culture. This is an important characteristic that must continue in the region as safety is the responsibility of all staff, physicians and the clients themselves. In our quest to optimize patient safety, the ultimate goal is a health care system in which patients are free of any harm caused by system failure or human error.

Strategic plan consultations with community and staff were a major focus for our region this past year. We need to find ways to capture the voice of the people we serve to adapt our programs and services and to ensure our care is patient and family centered. Patients also need to share in the decision making for their care.

The Saskatchewan Surgical Initiative (SSI) will improve surgical patient's care experience with the goal that within four years no one in the province will wait for surgery for more than three months. The region looks forward to participating in the (SSI) and working with the province to achieve this goal.

The Lean practice and philosophy helps to focus on Quality Improvement for the client. In moving towards a system wide adoption of Lean there will be relentless continuous

improvement that has respect for people's time and talents. Lean philosophy was introduced in the 2009-2010 fiscal year and will gain momentum over the next year.

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

ABBOTT	JEANETTE	71,175	BOYLE	ALAN	78,529
ADAMOWSKI	GAIL	99,606	BRADFORD	SARAH	86,482
AMES	EVELYN	64,011	BRATTLAND	JAYNE	52,756
ANDERSON	BRENDA	98,854	BRENNER	RICHARD	78,927
ANDERSON	LAURIE	53,528	BREWER	DIANE	64,319
ANDERSON	WENDY	61,788	BRIGGS	DOREEN	51,790
ANDREWS	JACKLIN	83,227	BRIGHAM	WENDY	91,093
ANDREWS	WENDY	54,944	BROWN	BARBARA	64,558
ANGELOPOULOS	JOSEPHINE	67,047	BROWN	BONNIE	81,997
ANHOLT	GARY	63,087	BROWN	CORINNE	81,224
ANHORN	PATRICIA	62,511	BROWN	SANDRA	54,512
BACHMAN	TAMMY	53,068	BROWN	WANDA	83,253
BAHM	ROXANNE	50,733	BUCKTON	MICHELLE	84,790
BARKER	DOUGLAS	57,578	BUECKERT	AUDREY	96,503
BARTLETT	RHONDA	68,248	CAMPBELL	DEANNE	67,980
BASLER	CAROLYNE	51,923	CAMPBELL	TRINA	78,269
BEAMAN	MARILYN	57,736	CARNEGIE	LORENA	54,115
BECKER	ANIKA	59,946	CHAPMAN	JULIE	58,152
BECKER	CHRISTOPHER	70,861	CHARPENTIER	BARBARA	64,771
BECKER	LINDA	94,614	CHENEY	ALICIA	95,913
BERIAULT	DORIS	77,950	CHEYNE	JAMES	83,023
BERTOIA	STEPHANIE	58,431	CHOLIN	SHANNON	79,108
BILAO	SARAH	84,219	CLARK-WATSON	GLENDA	73,398
BLACKWELL	TAMMY	93,646	COLLINS	DIANE	55,557
BLANCHETTE	DEBRA	96,592	COOL	GLORIA	97,149
BLODER	JANET	69,088	COWAN	KEITH	57,446
BLOSKY	ERIC	54,959	COWELL	BARBARA	96,774
BOKITCH	ALLISON	72,496	CRICKETT	VALERIE	102,333
BORNE	RODNEY	82,000	CUMMINGS	GREGORY	107,882
BOSCH	STACEY	147,772	CUPPLES	STEVE	78,472
BOTHNER	CHARLOTTE	64,911	CUTLER	SHELLEY	52,365
BOUCHER	COLLEEN	84,147	DALE	KELSIE	57,280
BOWMAN	DEBRA	60,348	DANYLCZUK	RENEE	76,721

BOYCE	ZELLY	67,035	DAVID	LAURA	70,185
DAVIDSON	LEEANN	106,497	HAZEL	GLENDA	61,281
DEGENSTEIN	ROBERT	77,123	HEALEY	COLLEEN	66,087
DEIBERT	KERRY	100,605	HEALEY	SHERRI	68,869
DEMOISSAC	LORRAINE	68,038	HEIDT	TRACY	77,972
DESROSIERS	WANDA	116,587	HEILMAN	AUDREY	59,097
DOLEGA CIESZKOWSKI	JADWIGA	57,281	HELGASON	DANIELLE	75,003
DUERKSEN	LORETTA J	68,606	HELMAN	MARIE	66,334
DUNN	BONNIE	72,542	HERMANSON	RUTH	68,961
DUPUIS	JO-ANN	81,603	HIEBERT	ELIZABETH	50,467
EARL	LORIANNE	62,349	HILL	CAROL	99,121
EAST	AUDRA	90,781	HOEHN	CAROL	55,118
EDBOM	ROBERT	103,433	HOFER	FAYE	93,362
EDMONDS	ANNEMARIE	81,617	HOFFMAN	LORNA	55,112
ELLIS	MICHAEL	86,632	HOGAN	KAREEN	63,806
ETSELL MCLEOD	ELAINE	84,831	HOGG	DARLENE	64,533
EYOLFSON	JILL E	79,686	HOLLER	BERNIE	79,824
EYRE	GWEN	64,632	HOLTON	IAN	74,074
FAGNOU	JULIA	103,260	HORN	VIRGINIA	87,614
FELTIS	ELAINE	63,730	HUBER	LOIS	83,874
FISHER	MARY PAT	83,134	HUBER	CAROL	68,436
FLAD	MELONI	57,054	IRELAND	SCHARLENE	82,043
FLYNN	RENEE	54,868	IRVINE	ERIN	75,452
FRERICHS	JENNIFER	75,546	JACKSON	DON	50,993
FROYSTAD	LISA	54,395	JACKSON	LINDSAY	73,272
GARTNER	DIANE	57,919	JANSEN	SANDRA	83,258
GATES	FRANCE	54,792	JENNETT SWINSON	ANNABELLE	76,147
GEORGE	DOREEN	83,463	JOHNSON	KATHRYN	77,175
GEREIN	JACKIE	65,404	JOHNSTON	KIM	74,959
GEREIN	NICOLE	69,507	JONES	KATHY	85,731
GERSTNER	LISA	64,060	KACHUR	JODIE	70,451
GILCHRIST	MARTHA	77,990	KAPELL	KEVIN	62,054
GLASSFORD	CARRIE	70,517	KELLY	KEN	60,004
GLESSING	CAROLYN	139,912	KEMBEL	KELLEY	81,010
GOETTLER	DIANE	56,667	KERNOHAN	BEVERLY	84,073
GOTTFRIED	ADELINE	52,359	KIRKNESS	BRIAN	53,646
GUTTING	ANDRIA	61,176	KISSICK	KAREN	57,210
HABERMEHL	PATRICIA	71,464	KLEIN	BETTY LOU	50,790
HADUIK	CONNIE	91,647	KNORR	GLORIA	69,544
HALDE	SERGE	72,319	KNORR	NANCY	91,925
HALONEN	MELANIE	54,538	KOOP	CAROLYN J	83,369
HAMM	ERIN	97,096	KOSHINSKY	MELISSA	57,954
HARTSOOK	REID	56,417	KREKOSKI	GAIL	79,170
HAUBER	AMANDA	55,107	KRENTZ	JEANNE	50,315
HAUBRICH	KATRINA	73,867	KROGSTAD	VIVIAN	112,092
HAUBRICH	SHARON	87,145	KRONBERG	DIANE	111,994
HAWKINS	ERIN	66,904	KUNTZ	SYLVIA	80,128
HAYES	BRENT	93,405	KURULAK MILNE	DEBORAH	94,939

HAYNES	BARBARA	62,293	LANGAGER	JUDY	82,226
LANGE	PATRICIA	93,526	MILLER	KATHY	56,402
LAUGHREN	LAURIE	57,619	MILLER	NICOLE	73,079
LAVIGNE	BEVERLEY	100,842	MILTON	DEBBIE	89,043
LEFEBVRE	HEATHER	79,853	MITCHELL	BRENDA	54,936
LEGROW	WENDY	51,161	MOORE	BRENDA	54,641
LENZ	TRACY	50,588	MOORE	SUSAN	107,271
LEWIS	KATHY	62,837	MORESIDE	DIANNE	84,828
LI	ESTHER	50,442	MOSKALYK	STACY	65,002
LILBURN	CHRISTINE	95,298	MUNRO	JEANNIE	110,899
LINDEMANN	DEBRA	80,903	NELSON	SHELLY	87,060
LOCKWOOD	VAL	50,432	NEUMEIER	BRENDA	66,777
LOITZ	TERRIE	55,284	NICKEL	MELVIN	65,648
LONGTIN	CATHY	77,270	NISBET	CARA	77,843
LOW	BONNIE	91,913	NODWELL	CARLA	64,333
LYNDS	LAUREL	52,136	OBRIGEWITCH	BEVERLEY	67,662
MACKERACHER	DEBBIE	52,066	OLSON	PATRICIA	71,381
MACRAE	JOAN	92,440	OLSON	SHERRYL	64,625
MAGNUS	MARILYN	60,532	ORTMAN	ANDREW	61,786
MAHARAJ	MONA L	90,849	PAJUNEN	SHEILA	139,447
MAHARAJ	SUBHAS	84,233	PALMER	CATHERINE	83,714
MALCOLM	ANGELA	57,604	PAPROSKI	LEANNE	55,067
MANN	GAYLEEN	76,302	PARK	GLORIA	77,046
MARCHUK	ANDREA	78,299	PARKINSON	SHIRLEY	85,100
MARTIN	ASHLEY	65,343	PAVLOFF	MICHELLE	81,868
MARTIN	MONANNE	57,622	PELLETIER	GRACE	51,823
MARTIN	SHERRY	64,620	PIERREPONT	WAYNE	97,141
MASSIE	LESLEY	76,979	PLATZKE	CHELSEA	75,722
MATHERS	ALISON	54,424	POITRAS	CHARMAINE	90,166
MATLOCK	CAROLYN	51,965	POLETZ	DENISE	68,660
MAY	CARLA	88,083	PRESCOTT	LANA	53,321
MAZZEI	EVELYN	50,641	PRINCE	JOHN	84,103
MCADAM	CAL!	54,039	PURCELL	LINDA	75,238
MCBRIDE	JANELLE	55,167	RANKIN	ANNE	65,712
MCCONNELL	SYLVIA	60,823	READ	RUTH	76,301
MCCORMICK	ANN	65,529	REDDEN	DEBBIE	86,288
MCDONALD	BRENDA	86,177	REEVE	JOAN	59,641
MCGREGOR	BREANNE	66,521	REMESHYLO	KRISTA	90,231
MCINTOSH	MARY	53,574	RENWICK	DEBBI	51,252
MCIVOR	KRISTA	75,798	RHODES	CAROL	95,397
MCKENZIE	VALERIE	59,807	RIENDEAU	GAYLE	115,897
MCVEIGH	ASHLEY	56,081	RINGROSE	CATHY	111,386
MEIER	KATRINA	72,648	RITCHIE	ADELE	95,856
MERKEL	GORDON	81,335	RITCHIE	DAWN	65,626
MESCALL	AUDREY	67,648	RITTER	MONICA	64,436
MESCHISHNICK	MICHELLE	81,601	RITTINGER	MARLENE	50,360
MEYER	JANICE	83,513	RITZ	SUSAN	80,791
MEYER	NORMA	68,825	ROBSON	SHELLY	104,413

MILLER	E RUTH	100,454	ROSZELL	JOAN	74,146
RYAN	CAROL	83,877	TORRANCE	CAROLYN	82,910
RYSAVY	BEVERLEY	78,683	TRUMBLEY	BETTYANN	101,452
SALEWSKI	DANA	57,841	VAN SEGGELEN	DEBRAH	51,547
SAYERS	JENNIFER	65,195	VANTHUYNE	MARLENE	74,282
SCHIERLING	JENNIFER	57,926	VASSEUR	JHALENE	55,180
SCHIMPF	JOANNE	58,620	VAVRA	DONNA	86,807
SCHMIEDGE	ADRIAN	78,642	VAXVICK	JEAN	67,354
SCHOLER	BRENDA	96,095	VOLK	BEVERLEY	66,600
SCHWARTZ	BERNIE	112,784	VOLK	DONALD	67,004
SCOTT	DEBORAH	52,883	VORNBROOK	CURTIS	51,633
SENGER	DIANA	64,648	WADE	ALICIA	57,020
SERFAS	KAREN	113,125	WAGNER	LESLIEANN	84,779
SERFAS	MAUREEN	67,354	WAITE	DONNA	71,880
SIBLEY	TANISLEI	61,890	WALKER	CHERYL	64,662
SIMONSON	SUSAN	64,686	WALKER	EVELYN	91,067
SINCLAIR	AGNES	67,979	WALL	KRISTEN	66,741
SINCLAIR	VALERIE	67,248	WARREN	LYNNE	67,717
SITTLER	DAWN	73,469	WASKO-LACEY	LINDA	140,370
SLOMAN	DIANNE	58,745	WEBER	DAWN	70,401
SMITH	COLLEEN	50,281	WEBER	TRAVIS	101,587
SMITH	DARLENE	86,319	WEBSTER	JAMES	73,951
SMITH	LEAH	57,962	WEBSTER	LINDA	83,378
SMITH	SANDY	65,547	WEISZ	THOMAS	86,280
SNIDER	HEATHER	72,996	WELLS	BONNIE	63,507
SPERLE	NOLA	61,320	WELLS	SHIRLEY	72,191
SPIGOTT	SHARON	60,916	WELLS	STACEY	72,964
SPROULE	GWEN	73,912	WENZEL	KRISTENE	74,193
SPROXTON	LEFA	148,031	WESTON	MARLENE	95,170
ST JOHN	SUZIE	74,926	WIEBE	DIANNE	86,123
STANJEK	DONNA	52,794	WIENS	CHRISTINE	95,836
STANLEY	LEESA	100,221	WIENS	LAURIE AN	54,558
STEVENS	DEBRA	53,808	WILDEMAN	BERNIE	82,109
STEWART	WILLIAM	59,569	WILKINSON	CHRISTOPHER	50,389
STOREY	CRYSTAL	58,274	WILSON	DIANNE	56,070
STORY	TERRI	76,419	WINNY	JOANNE	61,589
STRATTON	CARLA	75,473	WINNY	TERESA	67,083
SUTER	DONNA	64,883	WISTE	SHEILA	74,131
SUTHERLAND	DONNA	101,989	WYLIE	JACQUELIN	97,660
SWITZER	GLORIA	55,100	YOUNGSTROM	ELAINE	52,443
TERNES	DALE	94,543	ZIMMER	ANDREA	73,063
THIESSEN	SHERI	61,208	ZIMMER	LISA	67,396
TOLLEFSON	CHRISTINE	65,362			

Payee Disclosure List: Transfers	
Listed, by program, are transfers to recipients who received $50,000 or more.	
BRIDGEPOINT	$544,078
ST. JOSEPH'S HEALTH CENTRE	$1,907,115

Payee Disclosure List: Supplier Payments	
Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.	
A1 POWER DOOR LTD	190,418
CANADA ENDOSCOPE CORPORATION	71,929
ARJO CANADA INC.	173,610
ASSOC. RADIOLOGISTS OF S'TOON	203,901
BECKMAN COULTER CANADA INC.	256,771
BEECHY/DEMAINE EMERGENCY SERVICES	120,137
BUNZL CANADA - OAKVILE	123,830
CAN-MED	88,723
CARESTREAM MEDICAL LTD.	42,255
CENTURY ROOFING AND SHEET METAL	930,316
CRESTLINE COACH LTD.	283,059
DEPARTMENT OF PROPERTY MANAGEMENT	619,106
DOMCO CONSTRUCTION INC.	86,290
DR. DAVE LEDDING	124,821
EATONIA OASIS LIVING INC.	122,255
FLAWLESS FLOORING SERVICES	264,601
FLYNN CANADA LTD.	971,345
FRIESEN TOKAR ARCHITECTS	765,978
FUTUREMED HEALTH CARE PRODUCTS	152,531
GE MEDICAL SYSTEMS CANADA	89,902
GLAXO SMITH KLINE	71,361
GRAND & TOY	226,391
HAID ROOFING LTD.	254,363
HEALTH METRIX CANADA INC.	53,238
HILL-ROM CANADA	223,965
HIROC INSURANCE SERVICES LIMITED	221,481
HOSPIRA HEALTHCARE CORPORATION	177,713
JB MEDICAL	174,037
JAYS MOVING AND STORAGE LTD.	73,845
JOHNSON & JOHNSON	376,445
M.D. AMBULANCE & CARE LTD	103,838
MCKESSON CANADA	148,215
MCKESSON DISTRIBUTION PARTNERS	64,676
MEDTRONIC OF CANADA LTD	108,160
NORTH SASK LAUNDRY	163,439
PENTAX CANADA INC.	143,326
PERIDOT MEDICAL INC.	170,493
PHILIPS MEDICAL SYSTEMS CANADA	247,065
PINNACLE DISTRIBUTION INC.	77,305
PLAINSMAN HVAC-R LTD.	55,434
PRAIRIE MEATS	57,825
PRAIRIE NORTH HEALTH REGION	121,903
QUEEN STREET DIAGNOSTIC IMAGING	52,029
RCDP / CPDN	187,851

ROCHE DIAGNOSTICS	62,458
SAPUTO DAIRY PRODUCTS CANADA	130,610
SASK ASSOC. OF HEALTH ORGAN.	173,446
SASK ENERGY	929,767
SASK POWER	794,708
SASK TEL	404,713
SASKATCHEWAN REG. NURSES ASSOC	123,258
SASKATOON HEALTH REGION	496,970
SCHAAN HEALTHCARE PRODUCTS	905,042
SIMPLEX/GRINNELL	141,378
SOFTCHOICE CORPORATION	75,388
SOURCE MEDICAL CORPORATION	78,103
STERIS CANADA INC.	94,417
SYSCO FOOD SERVICES OF REGINA	887,189
TARNES ELECTRIC LTD.	188,492
THE STEVENS COMPANY LTD.	106,597
TOWN OF KINDERSLEY	68,261
VITAL AIRE	128,572
WBM OFFICE SYSTEMS	245,216

Payee Disclosure List: Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

CCRA-CPP	2,072,499
CCRA-EI	968,002
HEALTH SCIENCES ASSOC OF SASK	75,954
SAHO - DENTAL PLAN	695,306
SAHO - DISABILITY INCOME PLAN	633,824
SAHO - EXTENDED BENEFITS PLAN	1,438,571
SASKATCHEWAN UNION OF NURSES	240,840
SEIU	508,102
SHEPP - PENSION PLAN	3,408,634
WCB	943,742

Management Report

April 30th, 2010

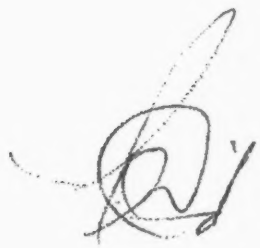
Heartland Health Region
Report of Management

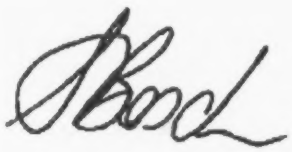
The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.





Greg Cummings
Chief Executive Officer

Stacey Bosch
VP of Corporate Services

Financial Statements

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2010

KPMG LLP
Chartered Accountants
600-128 4th Avenue South
Saskatoon Saskatchewan S7K 1M8
Canada

Telephone (306) 934-6200
Fax (306) 934-6233
Internet www.kpmg.ca

AUDITORS' REPORT TO THE AUTHORITY MEMBERS

We have audited the statement of financial position of Heartland Regional Health Authority as at March 31, 2010 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
April 30, 2010

KPMG LLP, is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International, a Swiss cooperative. KPMG Canada provides services to KPMG LLP.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position
March 31, 2010, with comparative figures for 2009

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2010	Total 2009
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 13,986,895	$ 20,905,288	$ 36,396	$ 34,928,579	$ 54,616,980
Accounts receivable					
Ministry of Health - General Revenue Fund	102,646	37,161	-	139,807	162,375
Other	944,993	-	-	944,993	933,981
Inventory	1,264,083	-	-	1,264,083	1,124,619
Prepaid expenses	498,945	-	-	498,945	402,798
	16,797,562	20,942,449	36,396	37,776,407	57,240,753
Investments (Schedule 2)	2,476,556	1,083,506	-	3,560,062	1,782,393
Capital assets (Note 3)	-	38,386,463	-	38,386,463	37,041,997
Total Assets	$ 19,274,118	$ 60,412,418	$ 36,396	$ 79,722,932	$ 96,065,143
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,644,356	$ 81,250	$ -	$ 3,725,606	$ 2,946,091
Accrued salaries	6,705,385	-	-	6,705,385	3,138,266
Vacation payable	5,671,130	-	-	5,671,130	5,400,264
Mortgages payable – Current (Note 5)	-	475,721	-	475,721	453,096
Long term debt - Current (Note 6)	-	73,705		73,705	71,942
Deferred revenue (Note 7)	1,567,781	-	-	1,567,781	1,682,929
	17,588,652	630,676	-	18,219,328	13,692,588
Long term liabilities					
Long term debt (Note 6)	-	85,420	-	85,420	159,125
Mortgages payable (Note 5)	-	6,494,090	-	6,494,090	6,974,071
Total Liabilities	17,588,652	7,210,186	-	24,798,838	20,825,784
Fund Balances:					
Invested in capital assets	-	31,257,527	-	31,257,527	29,383,763
Externally restricted (Schedule 3)	-	20,366,871	36,396	20,403,267	43,082,576
Internally restricted (Schedule 4)	-	1,577,834	-	1,577,834	1,393,170
Unrestricted	1,685,466	-	-	1,685,466	1,379,850
Fund balances – (Statement 2)	1,685,466	53,202,232	36,396	54,924,094	75,239,359
Total Liabilities & Fund Balances	$ 19,274,118	$ 60,412,418	$ 36,396	$ 79,722,932	$ 96,065,143

Commitments (Note 4)
Mortgages (Note 5)
Pension Plan (Note 11)

Approved by the Board of Directors:

Norman G. Hott

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

Year ended March 31, 2010, with comparative figures for 2009

	Operating Fund			Restricted			
	Budget 2010 (Note 12)	2010	2009	Capital Fund 2010	Community Trust Fund 2010	Total 2010	Total 2009
REVENUES							
Ministry of Health - general	$ 72,632,820	$ 57,218,610	$ 70,294,806	$ 1,514,353	$ -	$ 1,514,353	$ 42,976,829
Other provincial	600,015	896,684	106,918	271,218	-	271,218	275,718
Federal government	-	-	2,646	-	-	-	-
Patient fees	8,278,794	9,101,139	8,590,286	-	-	-	-
Out of province (reciprocal)	414,500	576,782	572,554	-	-	-	-
Out of country	-	9,959	-	-	-	-	
Donations	-	38,947	57,905	396,254	-	396,254	1,956,442
Investment	345,012	175,660	368,318	381,785	330	382,115	99,908
Recoveries	1,033,745	1,063,735	1,055,872	-	-	-	-
Other	349,934	404,825	430,877	21,336	-	21,336	-
	83,654,820	69,486,341	81,480,182	2,584,946	330	2,585,276	45,308,897
EXPENSES							
Province wide acute care services	61,809	53,448	44,335	-	-	-	-
Acute care services	17,801,014	18,667,367	16,250,266	928,012	-	928,012	1,354,812
Physician compensation - acute	654,720	523,823	521,003	-	-	-	-
Supportive care services	38,311,692	41,593,900	38,290,138	2,927,653	-	2,927,653	2,115,106
Home based service - supportive care	5,865,945	6,064,183	5,703,448	4,971	5,799	10,770	7,570
Population health services	3,138,394	3,328,154	2,987,500	3,845	-	3,845	4,387
Community care services	3,896,449	3,657,420	3,428,659	1,923	-	1,923	2,694
Home Based Services - acute & palliative	745,222	778,572	729,994	240	280	520	623
Primary health care services	3,756,484	3,929,671	3,611,722	140,357	-	140,357	86,898
Emergency response services	4,026,095	4,146,323	3,925,346	265,257	-	265,257	169,683
Addictions services - residential	554,078	554,078	506,962	7,192	-	7,192	7,192
Physician compensation - community	468,112	642,759	508,390	-	-	-	-
Program support services	4,263,049	4,296,500	3,868,183	(222,838)	-	(222,838)	99,260
Special funded programs	92,557	87,993	77,010	-	-	-	-
	83,635,620	88,324,191	80,452,956	4,056,612	6,079	4,062,691	3,848,225
Excess (Deficiency) of revenues over expenses	19,200	(18,837,850)	1,027,226	(1,471,666)	(5,749)	(1,477,415)	41,460,672
Interfund transfers (Note 14)							
Funding agreement		19,500,000		(19,500,000)		(19,500,000)	
Other		(356,534)	(270,834)	356,534		356,534	270,834
Increase (Decrease) in fund balances	19,200	305,616	756,392	(20,615,132)	(5,749)	(20,620,881)	41,731,506
Fund balances, beginning of year		1,379,850	623,458	73,817,364	42,145	73,859,509	32,128,003
Fund balances, end of year		1,685,466	1,379,850	53,202,232	36,396	53,238,628	73,859,509

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

Year ended March 31, 2010, with comparative figures for 2009

	Operating Fund		Restricted Fund			
	2010	2009	Capital Fund 2010	Community Trust Fund 2010	Total 2010	Total 2009
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ (18,837,850)	$ 1,027,226	$ (1,471,666)	$ (5,749)	$ (1,477,415)	$ 41,460,672
Net change in non-cash working capital (Note 8)	4,367,744	708,228	(89,447)	-	(89,447)	(78,391)
Amortization of capital assets	-	-	3,554,238	-	3,554,238	3,420,589
(Gain) Loss on disposal of capital assets	-	-	119,512	-	119,512	4,046
	(14,470,106)	1,735,454	2,112,637	(5,749)	2,106,888	44,806,916
Purchase of capital assets						
Buildings/construction	-	-	(3,223,154)	-	(3,223,154)	(981,998)
Equipment	-	-	(1,795,062)	-	(1,795,062)	(2,179,709)
Purchase of long-term investments	(1,008,061)	(86,777)	(769,608)	-	(769,608)	(18,653)
	(1,008,061)	(86,777)	(5,787,824)	-	(5,787,824)	(3,180,360)
Repayment of debt	-	-	(529,298)	-	(529,298)	(507,255)
Net increase (decrease) in cash & short term investments during the year	(15,478,167)	1,648,677	(4,204,485)	(5,749)	(4,210,234)	41,119,301
Cash & short term investments, beginning of year	10,321,596	8,943,753	44,253,239	42,145	44,295,384	2,905,249
Interfund transfers (Note 14)	19,143,466	(270,834)	(19,143,466)	-	(19,143,466)	270,834
Cash & short term investments, end of year (Schedule 2)	$ 13,986,895	$ 10,321,596	$ 20,905,288	$ 36,396	$ 20,941,684	$ 44,295,384

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2010

1. Legislative authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of *The Act*. The Heartland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant accounting policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

(a) Health Care Organizations (HCO)

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under The Income Tax Act):

- St. Joseph's Hospital of Macklin (incorporated under *The Regional Health Services Act*)

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

(b) Fund accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

2. Significant accounting policies (continued)

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

2. Significant accounting policies (continued)

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	2.5 to 6.67%
Land improvements	5%
Equipment	6.25 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

(e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

(f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

2. Significant accounting policies (continued)

(g) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

(i) Financial instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2010, the RHA does not have any outstanding contracts or financial instruments with embedded derivatives (2009 – none).

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk - affected by changes in foreign exchange rates; Interest rate risk - affected by changes in market interest rates; and Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

(j) Replacement reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

(j) Allocation of Expenses

The RHA incurs a number of general support expenses that are common to the administration of the organization and each of its programs. The RHA allocates certain of its general support expenses by identifying the appropriate basis of allocating each component expense, and applies that basis consistently each year. Corporate governance and general management expenses are not allocated; other general support expenses are allocated on the following basis:

Education, Employee Family Assistance Program (EFAP), payroll charges, quality, information systems (IS) supplies, and SAHO charges are allocated to functions based on estimates of staff activity and resource usage. For the year ended March 31, 2010 the amount allocated was $1,546,659 (2009 - $1,247,574).

	Acute Care Services	Supportive Care Services	Based Service - Supportive	Population Health Services	Community Care Services	Health Care Services	Emergency Response Services	Program Support Services
Education	19%	54%	9%	4%	3%	4%	3%	4%
EFAP	19%	54%	9%	4%	3%	4%	3%	4%
Payroll Charges	19%	54%	9%	4%	3%	4%	3%	4%
Quality	19%	58%	9%	4%	3%	4%	3%	0%
IS Supplies	19%	54%	9%	4%	3%	4%	3%	4%
SAHO	19%	54%	9%	4%	3%	4%	3%	4%

3. Capital assets

	Cost	Accumulated Amortization	2010 Net Book Value	2009 Net Book Value
Land	$ 330,111	$ -	$ 330,111	$ 330,111
Land Improvements	477,218	416,833	60,385	74,360
Buildings	67,893,577	36,938,918	30,954,659	16,879,720
Equipment	20,563,067	14,230,167	6,332,900	5,765,286
Construction in progress	708,408	-	708,408	13,992,520
	$ 89,972,381	$ 51,585,918	$ 38,386,463	$ 37,041,997

4. Commitments

a) Capital assets acquisitions

At March 31, 2010, the RHA does not have any commitments for acquisition of capital assets (2009 - $134,062).

As at March 31, 2010, the Ministry of Health provided the RHA with funding in the amount of $16,700,000 to be used to construct three long term care facilities.

b) Operating leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2011	$ 65,625
2012	64,713
2013	59,115
2014	59,115
2015	59,115

4. Commitments

c) Capital Leases

	Cost	Accumulated Amortization	2010 Net Carrying Amount	2009 Net Carrying Amount
Ambulances under capital lease	277,068	158,489	118,579	173,992
Total	277,068	158,489	118,579	173,992

The ambulances are amortized on a straight-line basis over the economic life beginning in the year of acquisition.

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

Interest rate	see below
Expiry date	see below
2011	$ 57,857
2012	39,602
2013	28,532
2014 and subsequent	-
Total minimum lease payments	**125,991**
Amount representing interest	(2,976)
Balance of the obligation	**123,015**
Less current portion	(56,025)
Long term portion	**66,990**

Equipment under capital lease consists of two ambulance leases, one at 4.85% interest, expiring June 30, 2011, and one at 4.94% interest expiring Feb 28, 2013.

d) Asset Retirement Obligations

The RHA has identified asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate

4. Commitments

fair value.

e) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2010.

5. Mortgages payable

Title of Issue	Interest Rate	Annual Repayment Terms	2010	2009
Heritage Manor, Kindersley - CMHC, due May 1, 2021	5.02%	$289,327 principal and interest of which $89,076 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Sep. 1, 2014	$ 2,475,624	$ 2,637,524
Golden Years Lodge, Elrose - CMHC, due Aug. 1, 2025	4.32%	$71,981 principal and interest of which $96,000 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	811,031	847,429
Jubilee Lodge, Eston - CMHC, due June 1, 2022	4.17%	$77,534 principal and interest of which $17,111 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Oct. 1, 2015	744,171	789,900
Diamond Lodge Company Ltd. - CMHC, due April 1, 2019	4.17%	$78,732 principal and interest of which $16,419 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Oct. 1, 2015	595,299	648,218
Outlook & District Pioneer Home, Outlook - CMHC, due April 1, 2021	4.69%	$58,742 principal and interest of which $15,700 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	508,091	542,358
Prairie Manor, Dinsmore - CMHC, due April 1, 2022	4.69%	$42,704 principal and interest of which $11,775 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	394,286	418,068

5. Mortgages payable (continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2010	2009
Prairie View Lodge, Davidson - CMHC , due Dec. 1, 2020	5.14%	$46,995 principal and interest of which $15,107 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Dec. 1, 2013	388,480	414,975
Lucky Lake & District Special Care Home Inc. - CMHC, due Oct. 1, 2021	4.32%	$42,330 principal and interest of which $10,031 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	385,907	411,120
Buena Vista Lodge, Kerrobert - CMHC, due April 1, 2025	8.00%	$20,814 principal and interest. Mortgage renewal date - Apr. 1, 2025	183,497	189,607
Diamond Lodge Company Ltd., Biggar - CMHC, due Aug. 1, 2025	8.00%	$11,743 principal and interest. Mortgage renewal date - Aug. 1, 2025	104,699	108,058
Outlook & District Pioneer Home Inc., Outlook - CMHC, due Jan. 1, 2017	5.37%	$14,686 principal and interest. Mortgage renewal date - Jan. 1, 2017	84,017	93,949
Arm River Housing Corporation, Davidson - CMHC, due Dec. 1, 2016	5.38%	$13,097 principal and interest. Mortgage renewal date - Dec. 1, 2016	74,143	83,041
Wheatbelt Centennial Lodge, Rosetown - CMHC, due Oct. 1, 2017	5.88%	11,182 principal and interest. Mortgage renewal date - Oct. 1, 2017	66,510	73,607
Unity & District Health Centre, Unity - CMHC, due April 1, 2019	6.88%	$9,824 principal and interest. Mortgage renewal date - Apr. 1, 2019	66,507	71,633

5. Mortgages payable (continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2010	2009
Diamond Lodge Company Ltd., Biggar - CMHC, due Jan. 1, 2017	5.38%	$10,674 principal and interest. Mortgage renewal date - Jan. 1, 2017	61,045	68,264
Jubilee Lodge, Eston - CMHC, due May 1, 2017	5.75%	$4,509 principal and interest. Mortgage renewal date - May 1, 2017	26,504	29,416
			6,969,811	7,427,167
Less current portion			475,721	453,096
			$ 6,494,090	$ 6,974,071

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2011	$ 475,721
2012	499,812
2013	524,529
2014	550,492
2015	577,767
2016 and subsequent	4,341,490
	$ 6,969,811

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2010	2009
Biggar Ambulance Lease, Saskatchewan Property Management Corp.	4.94%	$29,597 principal and interest. Lease Term 5 years (Note 4c)	85,262	112,973
Outlook Ambulance Lease, Saskatchewan Property Management Corp.	4.85%	$28,259 principal and interest. Lease Term 5 years (Note 4c)	37,753	65,024
Biggar Ambulance Garage, Town of Biggar	4.25%	$19,214 prinicipal and interest. Loan maturity date December 7, 2011	36,110	53,070
			159,125	231,067
Less current portion			73,705	71,942
			$ 85,420	$ 159,125

Principal repayments required in each of the next five years is estimated as follows:

2011	$ 73,705
2012	57,167
2013	28,253
2014	-
2015	-
	$ 159,125

7. Deferred revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Health Improvement Initiatives	$ 271,634	$ 176,351	$ -	$ 95,283
Workplace Wellness	9,751	9,751	-	-
Behavioural Management Initiatives	60,180	34,000	-	26,180
Tri-District Parent Support	8,343	8,343	-	-
Adult Behavioural Management	10,017	-	-	10,017
Mental Health Manager	23,281	-	-	23,281
Infant Mortality Risk Program	57,201	-	-	57,201
Primary Health Initiative	50,835	38,213	-	12,622
Professional Development	81,852	82,628	31,281	30,505
Primary Health Info Service	10,031	-	-	10,031
Aboriginal Awareness	7,369	9,501	10,731	8,599
Quality Health Workplace Initiative	18,327	18,367	31,281	31,241
Health Information Protection Act	8,947	-	-	8,947
Smoking Prohibitions	14,560	14,560	-	-
Hope Project	147,238	-	-	147,238
Public Health Inspection	55,500	55,500	-	-
Short Term Home Care Initiative	23,402	-	-	23,402
Family & Students Together	13,409	13,409	-	-
Nursing Educ Prof Development	18,134	18,134	-	-
Safety Training Initiative	79,287	57,820	46,657	68,124
Eatonia Care Home - Rent	-	-	64,800	64,800
Mentorship Program	50,263	38,192	-	12,071
Public Health Nurse HPV Program	18,144	18,144	-	-
MDS Support	55,020	44,423	-	10,597
Autism	155,445	-	-	155,445
SUN Partnership Reporting	12,600	12,600	-	-
Recruitment Initiatives	-	-	20,000	20,000
H1N1 Future Year Commitments	-	-	58,000	58,000
Infection Control	-	-	55,349	55,349
	$ 1,260,770	$ 649,936	$ 318,099	$ 928,933
Non Sask Health Initiatives				
Former Greenhead Education Fund	$ 390	$ 390	$ -	$ -
Workplace Wellness	901	-	-	901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Momma Mia	14,734	14,734	-	-
Kids First Program	122,290	73,345	71,700	120,645
Family & Students Together	40,850	16,939	-	23,911
Nurse Recruitment Funding	225,046	2,113	-	222,933
Prevent Alcohol and Risk Related Trauma in Youth	2,648	2,648	-	-
Preceptor Grant	3,373	3,373	-	-
LEAN	-	32,007	288,804	256,797
Falls & Injury Prevention	-	-	1,734	1,734
	$ 422,159	$ 145,549	$ 362,238	$ 638,848
Total Deferred Revenue	$ 1,682,929	$ 795,485	$ 680,337	$ 1,567,781

8. Net change in non-cash Working Capital

	Operating Fund		Restricted Funds			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
Accounts receivable	$ (135,720)	$ (229,227)	$ 147,276	$ -	$ 147,276	$ 667,664
Inventory	(139,464)	(15,381)	-	-	-	-
Prepaid expenses	(96,147)	64,063	-	-	-	-
Accounts payable	1,016,238	(37,277)	(236,723)	-	(236,723)	(746,055)
Accrued salaries	3,567,119	296,814	-	-	-	-
Vacation payable	270,866	443,144	-	-	-	-
Deferred revenue	(115,148)	186,092	-	-	-	-
	$ 4,367,744	$ 708,228	$ (89,447)	$ -	$ (89,447)	$ (78,391)

9. Patient and resident trust accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2010 was $21,014 (2009 - $15,882). These amounts are not reflected in the financial statements.

10. Related parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

10. Related parties (continued)

a) Related party transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	2010	2009
Revenues		
Ministry of Health	$ 58,732,963	$ 113,271,635
Saskatchewan Housing Corporation	271,218	275,718
Other	896,684	106,918
	$ 59,900,865	$ 113,654,271
Expenditures		
Sask Health Care Employees' Pension Plan	$ 3,408,634	$ 2,931,470
St Joseph's Hospital of Macklin	1,907,115	1,798,010
SAHO Enhanced Dental/Extended Health Plan	1,438,571	1,372,990
Ministry of Government Services	619,106	585,935
Sask Workers' Compensation Board	943,742	860,957
Sask Power Corporation	794,708	735,043
Sask Energy Incorporated	929,767	824,363
SAHO Disability Plan	633,824	577,615
Bridgepoint Centre for Eating Disorders Inc.	554,078	506,962
Saskatchewan Telecommunications	404,713	464,102
SAHO Dental Plan	695,306	659,461
Saskatoon Regional Health Authority	496,970	392,706
Sask Association of Health Care Organizations	173,446	317,396
Beechy Demaine Emergency Services	120,137	116,781
Minister of Finance	31,856	4,800
Other Regional Health Authorities	135,990	152,449
Canadian Mental Health Association (Saskatchewan Division) Inc.	28,956	27,193
Saskatchewan Finance	37,213	31,356
Public Employees Pension Plan	43,900	43,986
SGI Canada Insurance Services Ltd	48,588	2,297
Elrose Ambulance Service	21,573	14,617
	$ 13,468,193	$ 12,420,489
Accounts Receivable		
Ministry of Health	$ 139,807	$ 162,375
SGI Canada Insurance Services Ltd	-	5,492
Ministry of Government Services	29,534	-
Sask Association of Health Care Organizations	255,000	190,755
Saskatoon Regional Health Authority	-	2,223
	$ 424,341	$ 360,845

10. Related parties (continued)

	2010	2009
Prepaid Expenditures		
Workers Compensation	$ 221,791	$ 216,718
SGI Canada Insurance Services Ltd	23,549	-
	$ 245,340	$ 216,718
Accounts Payable		
Sask Healthcare Employees' Pension Plan	$ 530,964	$ 432,888
Sask Energy Incorporated	121,577	128,905
SAHO Disability Plan	101,227	90,565
Saskatchewan Health	-	8,928
Public Employees Pension Plan	3,138	3,319
SAHO Enhanced Dental/Extended Health Plan	113,930	-
Ministry of Government Services	103,440	57,901
St Joseph's Hospital of Macklin	2,748	8,595
Sask Telecommunications	48,918	69,778
SAHO Dental Plan	58,581	56,662
Saskatoon Regional Health Authority	20,209	91,036
Sask Association of Health Care Organizations	5,436	14,389
Saskatchewan Finance	10,409	1,851
	$ 1,120,577	$ 964,817

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to prescribed HCOs and Third Parties:

	2010	2009
Bridgepoint Centre for Eating Disorders Inc.	$ 554,078	$ 506,962
Canadian Mental Health Association (Saskatchewan Division) Inc.	28,956	27,193
	$ 583,034	$ 534,155

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2010	2009
St. Joseph's Hospital of Macklin	$ 1,907,115	$ 1,798,010
	$ 1,907,115	$ 1,798,010

10. Related parties (continued)

b) Health Care Organizations - continued

ii) Affiliates - continued

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2010 and 2009.

		2010		2009
Statement of financial position:				
Assets	$	743,966	$	563,790
Net capital assets		2,573,656		2,653,138
	$	3,317,622	$	3,216,928
Total liabilities	$	379,720	$	272,660
Total fund balances		2,937,902		2,944,268
	$	3,317,622	$	3,216,928
Results of operations:				
RHA grant	$	1,907,115	$	1,798,010
Other revenue		453,560		354,402
Total revenue		2,360,675		2,152,412
Salaries and benefits	$	1,907,709	$	1,681,821
Other expenses		459,329		412,495
Total expenses		2,367,038		2,094,316
Excess/(Deficiency) of revenue over expenses	$	(6,363)	$	58,096

Other expenses includes amortization of $124,842 (2009 - $99,126).

Cash flows:

Cash from operations	$	139,724	$	146,232
Cash used in investing activities		63,784		(6,533)
Increase in cash	$	203,508	$	139,699

Cash used in investing activities includes capital purchases of $45,360 (2009 - $66,568).

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP[1]	PEPP	2010 Total	2009 Total
Number of active members	1,388	11	1,399	1,335
Member contribution rate, percentage of salary	6.60-9.00%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	7.39-10.08%*	6.00-7.00%*		
Member contributions (thousands of dollars)	3,043,397	43,067	3,086,464	2,660,609
RHA contributions (thousands of dollars)	3,408,634	43,900	3,452,534	2,975,456

* Contribution rate varies based on employee group.
1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2010. Inactive members are transferred to SHEPP and not included in these results.

12. Budget

The RHA approved the 2009-20010 budget plan on May 29th, 2009.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of RHA's receivables are from the Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
    - Accounts receivable
    - Accounts payable
    - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $4,866,789 (2009 - $5,244,767) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

During the current fiscal year, due to fiscal pressures, the Ministry reduced operating funding to health regions. To offset the shortfall in operating revenue, the RHA agreed to an amendment in the funding agreement for the Biggar, Kerrobert and Rosetown long term care projects. The amendment removed restrictions on $19.5 million of capital funds received by the RHA in fiscal 2009 and allowed the funds to be transferred to operations.

	2010			2009		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (171,870)	$ 171,870	$ -	$ (270,834)	$ 270,834	$ -
Mortgage Payouts	(184,664)	184,664				
Funding Agreement	19,500,000	(19,500,000)	-	-	-	-
	$ 19,143,466	$ (19,143,466)	$ -	$ (270,834)	$ 270,834	$ -

15. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal (or reconsideration) process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). A number of individual issues consisting of recommendations not agreed to still remain. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by the unions and SAHO and eventually the specific decisions will be determined by a third party. Dealing with some of these issues is expected to extend until 2011. The results of the outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

16. Collective Agreements

The SEIU contract expired March 31, 2008 and while the proposed settlement has not been agreed to or ratified by the union, an estimate for the SEIU retroactive settlement of $3,407,166 has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012.

17. Changes in Accounting Policy

New accounting standards

The Canadian Institute of Chartered Accountants approved a number of amendments and one new section dealing with allocated expenses within accounting standards for not-for-profit organizations. These changes are applicable to the RHA commencing April 1, 2009 and had only a minor impact on the disclosures in the notes to the financial statements.

Future accounting standards

The Public Sector Accounting Board (PSAB) and the Accounting Standards Board (ASB) are currently deliberating the future direction of financial reporting for not-for-profit organizations. PSAB is responsible for the accounting standards for government not-for-profit organizations, which are part of a government's reporting entity. ASB is responsible for the accounting standards for all other not-for-profit organizations, currently including the RHA.

An exposure draft issued in March, 2010 proposes a migration of the existing Section 4400 Accounting Standards for Not-for-Profit Organizations into both the Private Enterprise Accounting Handbook and the Public Sector Accounting Handbook on a transitional basis. Government not-for-profit organizations would adopt Section 4400 in the PSAB Handbook and other not-for-profit organizations would adopt Section 4400 in the Private Enterprise Handbook. Both Boards are considering extending the changeover date for not-for-profit organizations to January 1, 2012.

Until such time as these PSA standards are finalized, the RHA will not be able to determine the impact on its financial statements.

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2010, with comparative figures for 2009

	Budget 2010	Actual 2010	Actual 2009
Operating:			
Board costs	$ 139,368	$ 107,151	$ 104,357
Compensation - Benefits	10,410,749	10,481,211	9,515,588
Compensation - Salaries	56,271,447	60,570,465	54,763,521
Diagnostic imaging supplies	118,344	105,344	105,331
Drugs	759,964	710,814	704,214
Food	1,342,093	1,343,872	1,308,779
Grants to ambulance services	98,025	98,025	102,312
Grants to third parties	2,346,031	2,484,563	2,281,136
Housekeeping and laundry supplies	629,065	618,588	603,671
Information technology contracts	310,612	234,299	257,533
Insurance	307,320	289,560	306,702
Interest	4,500	7,311	3,786
Laboratory supplies	673,048	672,424	624,117
Medical and surgical supplies	1,072,170	1,153,530	998,917
Medical remuneration and benefits	1,187,314	1,199,704	1,004,301
Office supplies and other office costs	511,291	464,463	500,209
Other	1,341,596	1,374,029	1,301,455
Other referred out services	396,955	466,242	418,866
Professional fees	705,138	771,027	677,461
Purchased services	217,224	177,512	131,650
Rent/lease costs	829,520	888,994	845,326
Repairs and maintenance	678,683	769,699	702,221
Service contracts	591,351	571,514	643,099
Travel	926,591	869,388	834,810
Utilities	1,767,221	1,894,462	1,713,594
	83,635,620	88,324,191	80,452,956
Restricted:			
Amortization		3,554,238	3,420,589
Loss/(Gain) on disposal of fixed assets		119,512	4,046
Mortgage interest expense		345,669	366,402
Other		43,272	57,188
		4,062,691	3,848,225
		$ 92,386,882	$ 84,301,181

Schedule 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2010

		Fair Value	Maturity	Effective Rate
Restricted cash and investments				
Cash and Short Term				
Chequing and Savings:				
Rosetown Prairie Centre Credit Union	$	20,654,472		
Short Term investments:				
GIC - AGF Trust		83,458	02/16/2011	4.36%
GIC - Equitable Trust		83,261	02/16/2011	4.30%
CPN - Prov of Ont		54,769	11/03/2010	3.35%
GIC - HSBC Bank		65,724	06/08/2010	4.40%
		287,212		
Total Cash & Short Term Investments		20,941,684		
Long Term				
CPN - Prov of Ont		9,850	05/03/2011	3.83%
CPN - Prov of Ont		53,454	11/03/2011	3.35%
CPN - Prov of Ont		9,552	05/03/2012	3.83%
CPN - Prov of Ont		51,436	11/03/2012	3.35%
CPN - Prov of Ont		9,150	05/03/2013	3.83%
CPN - Prov of Ont		8,744	05/03/2014	3.83%
CPN - Prov of Ont		8,344	05/03/2015	3.83%
GIC - ICICI Bank		66,085	06/08/2011	4.55%
GIC - Laurentian Bank		85,766	01/31/2012	4.33%
GIC - Montreal Trust		85,688	01/31/2012	4.30%
GIC - Home Trust Company		68,103	05/04/2012	4.45%
GIC - Pacific & Western		63,048	05/04/2012	4.42%
GIC - Bank of Montreal		79,559	12/17/2013	4.70%
GIC-Canadian Tire Bank		21,112	12/17/2013	4.30%
GIC-ING Bank of Canada		76,268	12/17/2012	4.11%
GIC - Bank of Nova Scotia		61,171	07/21/2013	4.70%
GIC - Canadian Tire Bank		58,699	11/04/2013	4.75%
GIC - LBC Trust		89,144	11/27/2014	3.15%
GIC - Canadian Western Bank		89,159	11/27/2014	3.20%
GIC - Resmor Trust Company		89,174	11/27/2014	3.25%
		1,083,506		
Total restricted cash and investments		22,025,190		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2010

	Fair Value	Maturity	Effective Rate
Unrestricted cash and investments			
Cash and Short Term			
Prairie Centre Credit Union - Rosetown	10,666,613		
Kerrobert Credit Union	376,321		
Innovation Credit Union - Wilkie	26,038		
Synergy Credit Union - Kindersley	61,746		
Affinity Credit Union - Davidson	50,680		
Biggar Credit Union	66,820		
Unity Credit Union	39,860		
CIBC, Lucky Lake	16,800		
Credential Securities	2,562		
Petty Cash	8,020		
Co-Op Equity Accounts	42,503		
GIC - Money Market-Dundee	746,308	03/05/2011	
GIC - Coast Cap	877,265	08/30/2010	1.40%
	12,981,536		
Term Deposits			
Prairie Centre Credit Union - Rosetown	1,005,359	10/19/2010	1.20%
	13,986,895		
Long Term Investments			
GIC - Concentra	729,641	08/29/2011	2.10%
Alterna Investment Svgs	671,269		
Dundee Inv Svgs	67,608		
	1,468,518		
Term Deposits			
Prairie Centre Credit Union - Rosetown	1,008,038	10/19/2011	1.80%
	2,476,556		
Total unrestricted investments	16,463,451		
Total cash and investments	$ 38,488,641		

Restricted investments include: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Restricted and unrestricted totals	
Total cash & short Term investments	$ 34,928,579
Total long-term investments	3,560,062
Total Investments	$ 38,488,641

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2010, with comparative figures for 2009

COMMUNITY TRUST FUND EQUITY

	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Trust Name:						
Greenhead District Home Care	$ 42,145	$ 330	$ -	$ (6,079)	$ -	$ 36,396
Total Community Trust Fund	$ 42,145	$ 330	$ -	$ (6,079)	$ -	$ 36,396

CAPITAL FUND

	Balance Beginning of Year	Donations	Other Capital Revenue, Net of Expenses	Transfer to Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
RESTRICTED DONATIONS:						
Biggar Hospital	$ 93,089	$ 50,492	$ -	$ -	$ (112,161)	$ 31,420
Outlook Hospital	25,747	(25,976)	-	-	25,976	25,747
Biggar Diamond Lodge	31,128	7,119	-	-	234	38,481
Outlook Pioneer Home	403	-	-	-	-	403
Eatonia	1,079	(60)	-	-	-	1,019
Kerrobert	651	14,295	-	-	(17,525)	(2,579)
Kindersley	40,502	110,997	-	-	(160,375)	(8,876)
Rosetown	135,724	35,124	-	-	(41,143)	129,705
Unity	7,056	54,208	-	-	(5,738)	55,526
Beechy	-	3,586			(2,336)	1,250
Davidson	(3,433)	15,859	-	-	(54,750)	(42,324)
Dinsmore	16,002	4,622	-	-	-	20,624
Elrose	5,135	2,558	-	-	-	7,693
Eston	(1,396)	3,656	-	-	(2,204)	56
Kyle	(26)	15,732	-	-	(15,403)	303
Wilkie	536,237	46,749	-	-	(19,561)	563,425
EMS	53,601	46,972	-	-	(45,479)	55,094
Home Care	13,488	2,646	-	-	(395)	15,739
Addictions	100	-	-	-	-	100
Region Education	13,602	-	-	-	-	13,602
Region Equipment	47,507	7,675	-	-	(652)	54,530
Population Health	300	-	-	-	-	300
RESTRICTED CAPITAL FUNDING						
Equipment Funding	485,242	-	210,000	-	(402,856)	292,386
Diagnostic Equipment	369,454	-	-	-	(214,730)	154,724
Safety Equipment	843,278	-	85,000	-	(621,385)	306,893
Block Funding	22,778	-	-	-	-	22,778
VFA Funding	4,254,189	-	-	-	(2,417,204)	1,836,985
Long Term Care Building Projects	36,200,000	295,922	-	(19,500,000)	(695,325)	16,300,597
EMS Radios	-	-	486,000	-	-	486,000
Other	(151,006)	-	728,908	-	(572,632)	5,270
Total Capital Fund	$ 43,040,431	$ 692,176	$ 1,509,908	$ (19,500,000)	$ (5,375,644)	$ 20,366,871
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 43,082,576**	**$ 692,506**	**$ 1,509,908**	**$ (19,506,079)**	**$ (5,375,644)**	**$ 20,403,267**

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2010, with comparative figures for 2009

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
SHC Replacement Reserves						
Biggar Diamond Lodge	$ 148,930	$ -	$ -	$ -	$ -	$ 148,930
Outlook Pioneer Home	103,270	-	-	-	-	103,270
Kerrobert Beuna Vista Lodge	44,000	-	-	-	-	44,000
Kindersley Heritage Manor	224,880	-	-	-	-	224,880
Rosetown Wheatbelt Centennial Lodge	200,000	-	-	-	-	200,000
Unity & District Health Centre	124,250	-	-	-	-	124,250
Davidson Prairie View Lodge	273,150	-	-	-	-	273,150
Elrose & District Health Centre	74,000	-	-	-	-	74,000
Eston Jubilee Lodge	200,690	-	-	-	-	200,690
Total SHC	1,393,170	-	-	-	-	1,393,170
Other Internally Restricted Funds						
Appropriated for Mortgage Payouts	-	-	-	184,664	-	184,664
Total Internally Restricted	$ 1,393,170	$ -	$ -	$ 184,664	$ -	$ 1,577,834

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2010, with comparative figures for 2009

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2010 Total	2009 Total
Anderson Richard - Chairperson	$ 11,620	$ 9,556	$ 2,628	$ 5,241	$ -	$ 1,074	$ 30,119	$ 2,113
Ilott, Lorreen	-	5,425	1,925	3,157	-	297	10,804	-
Allan, Gary	-	2,800	975	1,760	-	45	5,580	574
Goring, Loretta	-	3,613	675	1,699	-	-	5,987	1,285
Groves, Gary	-	2,500	194	708	-	35	3,437	338
Leys, Lyle	-	4,275	399	1,195	-	-	5,869	21,832
Lorenz, Hazel	-	3,000	957	1,303	-	173	5,433	1,569
MacDougall, Richard	-	4,850	1,225	3,266	-	208	9,549	1,284
Rankin, Lyle	-	2,200	475	856	-	59	3,590	649
Siemens, George	-	2,600	625	1,186	-	-	4,411	5,386
Sittler, William	-	3,450	917	1,988	-	150	6,505	5,899
Whittles, Mary-Lou	-	3,938	1,186	1,719	-	223	7,066	1,903
Hoppe, Cindy	-	-	-	-	-	-	-	2,974
Howie, Carey	-	-	-	-	-	-	-	4,306
Johnson, Gary	-	-	-	-	-	-	-	4,208
Langager, Les	-	-	-	-	-	-	-	1,383
Leitch, Don	-	-	-	-	-	-	-	3,630
Poggemiller, Erhard	-	-	-	-	-	-	-	2,153
Shapka, Betty	-	-	-	-	-	-	-	15,955
Vaxvick, Wayne	-	-	-	-	-	-	-	3,620
Wagner, Evelyn	-	-	-	-	-	-	-	4,997
TOTAL	$ 11,620	$ 48,207	$ 12,181	$ 24,078	$ -	$ 2,264	$ 98,350	$ 86,058

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2010, with comparative figures for 2009

Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total 2010	Salaries, Benefits & Allowances[1,2]	Severance	Total 2009
Wersch, Ken - CEO	$ -	$ -	$ -	$ -	$ -	$ 95,168	$ -	$ 95,168
Cummings, Gregory - CEO	102,282	5,600	107,882		107,882	$ -		
Sproxton, Lefa - Interim CEO	148,031	-	148,031	-	148,031	157,541	-	157,541
Bosch, Stacey - VP of Corporate Services	147,772	-	147,772	-	147,772	138,631	-	138,631
Glessing, Caroline - VP of Primary Care Services, West PHSA	139,912	-	139,912	-	139,912	135,924	-	135,924
Pajunen, Sheila - VP of Human Resources	139,447	-	139,447	-	139,447	136,023	-	136,023
Wasko Lacey, Linda - VP of Health Services, East PHSA	140,370	-	140,370	-	140,370	135,900	-	135,900
Ledding, Dr David - Sr Medical Mgr	124,281	-	124,281	-	124,281	65,675	-	65,675
Total	$ 942,095	$ 5,600	$ 947,695	$ -	$ 947,695	$ 864,862	$ -	$ 864,862

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.